

(12) **United States Patent**
Baker et al.

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(54) **INTRALUMINAL DEVICE AND METHOD OF FIXATION**

(71) Applicant: **BFKW, LLC**, Grand Rapids, MI (US)

(72) Inventors: **Randal S. Baker**, Grand Rapids, MI (US); **Frederick J. Walburn**, Grand Rapids, MI (US); **James A. Foote**, Ada, MI (US)

(73) Assignee: **BFKW, LLC**, Ada, MI (US)

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(51) **Int. Cl.**

A61F 2/04 (2013.01)
A61F 5/00 (2006.01)
A61F 2/90 (2013.01)

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CPC **A61F 2/04** (2013.01); **A61F 2/90** (2013.01); **A61F 5/0079** (2013.01); (Continued)

(58) **Field of Classification Search**

CPC .. **A61F 2/04**; **A61F 2/90**; **A61F 5/0076**; **A61F 5/0079**; **A61F 2002/044**; (Continued)

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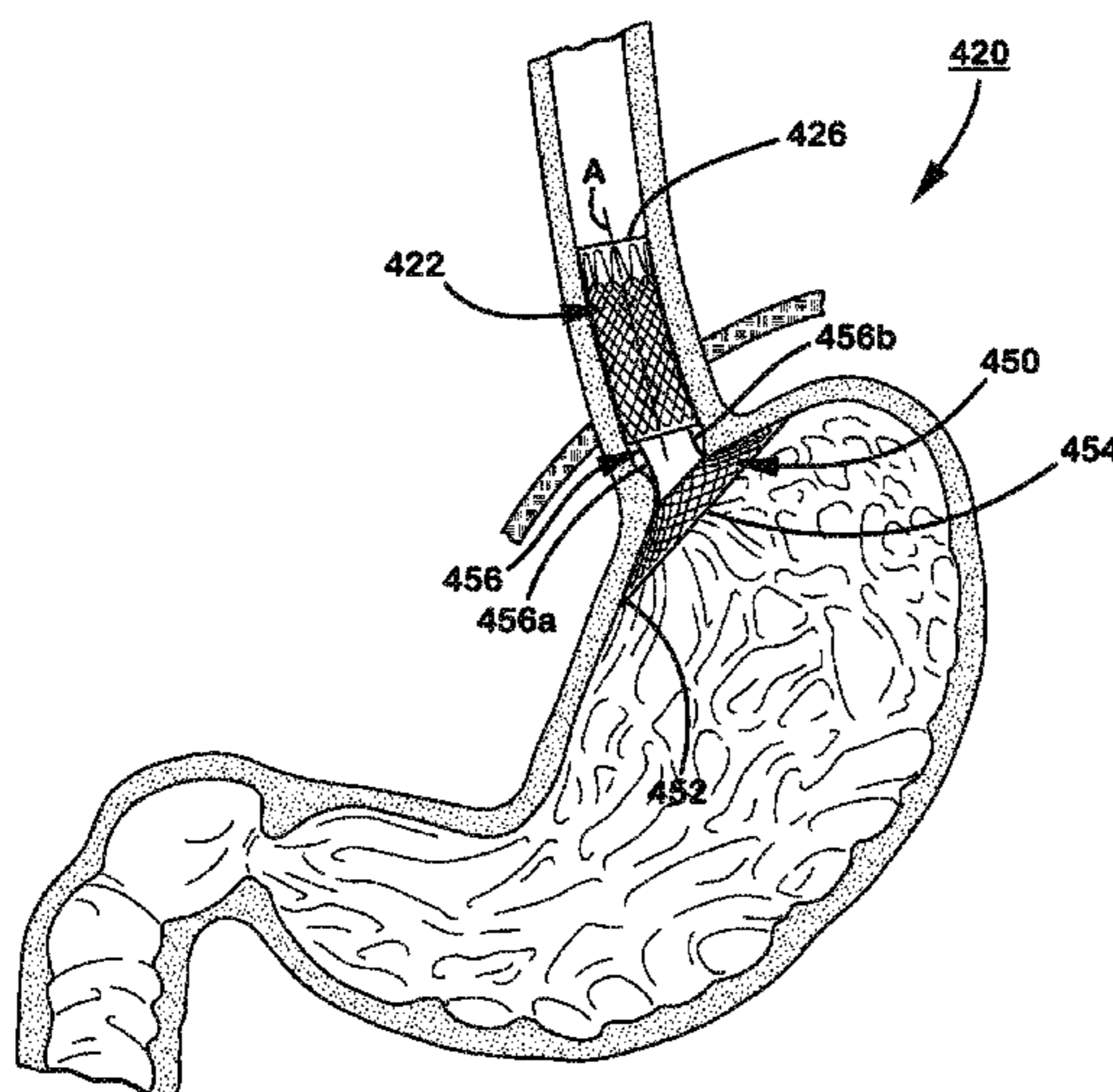
Primary Examiner — Philip R Wiest

(74) *Attorney, Agent, or Firm* — Gardner Linn

(57) **ABSTRACT**

An intraluminal device and method of fixation of an intraluminal device at a recipient having an esophagus, a stomach with a cardiac portion and a GE junction between the esophagus and the cardiac portion of the stomach includes deploying the intraluminal device to the recipient. The intraluminal device has a wall defining a cardiac member that is configured to the size and shape of the cardiac portion of the stomach and deployed to the cardiac portion of the stomach and an esophageal member that is configured to the size and shape of a portion of the esophagus and deployed to the esophagus. The intraluminal device having a connector connected with the esophageal portion and cardiac portion and deployed to the GE junction. The wall is fixed to the recipient to resist distal migration of the wall. The fixing includes the wall having a wall characteristic that is configured to facilitate tissue ingrowth. The wall is temporarily fixed to the recipient to resist distal migration of the wall while tissue ingrowth occurs at the wall characteristic.

27 Claims, 17 Drawing Sheets



Related U.S. Application Data

- continuation of application No. 14/118,731, filed as application No. PCT/US2012/038480 on May 18, 2012, now Pat. No. 9,375,338.
- (60) Provisional application No. 61/488,194, filed on May 20, 2011, provisional application No. 61/607,338, filed on Mar. 6, 2012.
- (52) **U.S. Cl.**
CPC ... *A61F 2002/044* (2013.01); *A61F 2002/045* (2013.01); *A61F 2220/0075* (2013.01); *A61F 2250/0067* (2013.01)
- (58) **Field of Classification Search**
CPC *A61F 2002/045*; *A61F 2220/0075*; *A61F 2250/0067*
See application file for complete search history.

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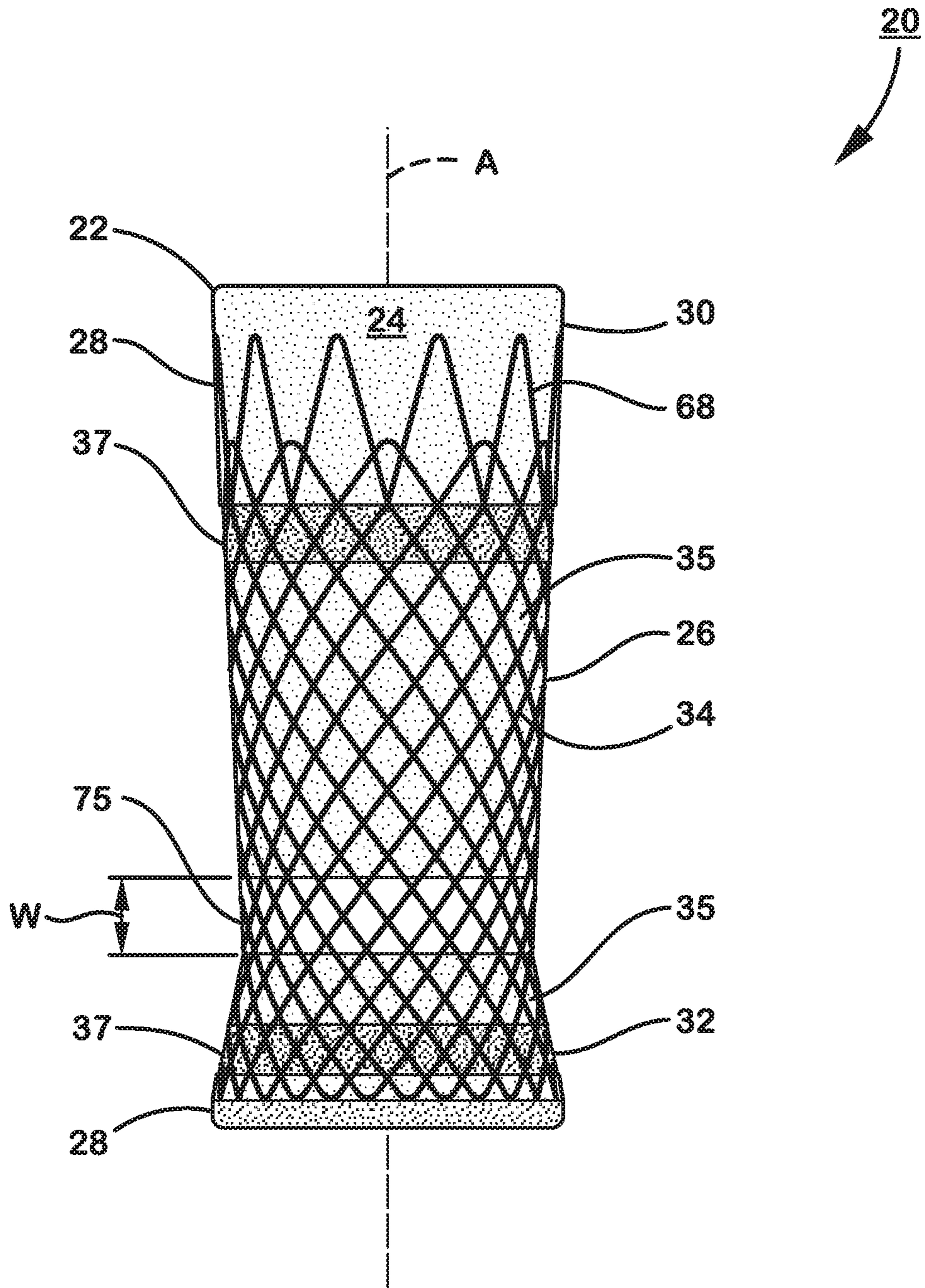


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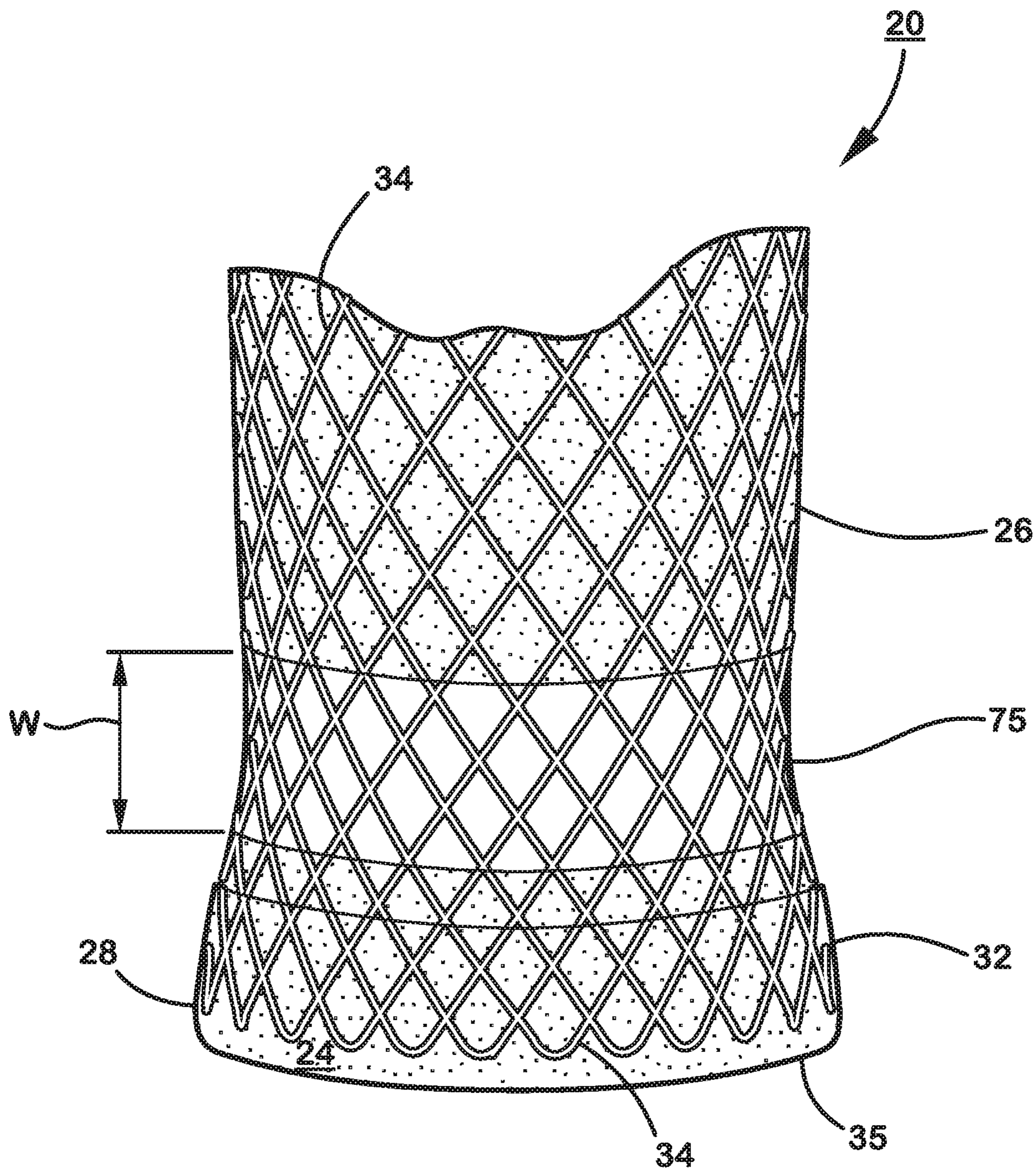


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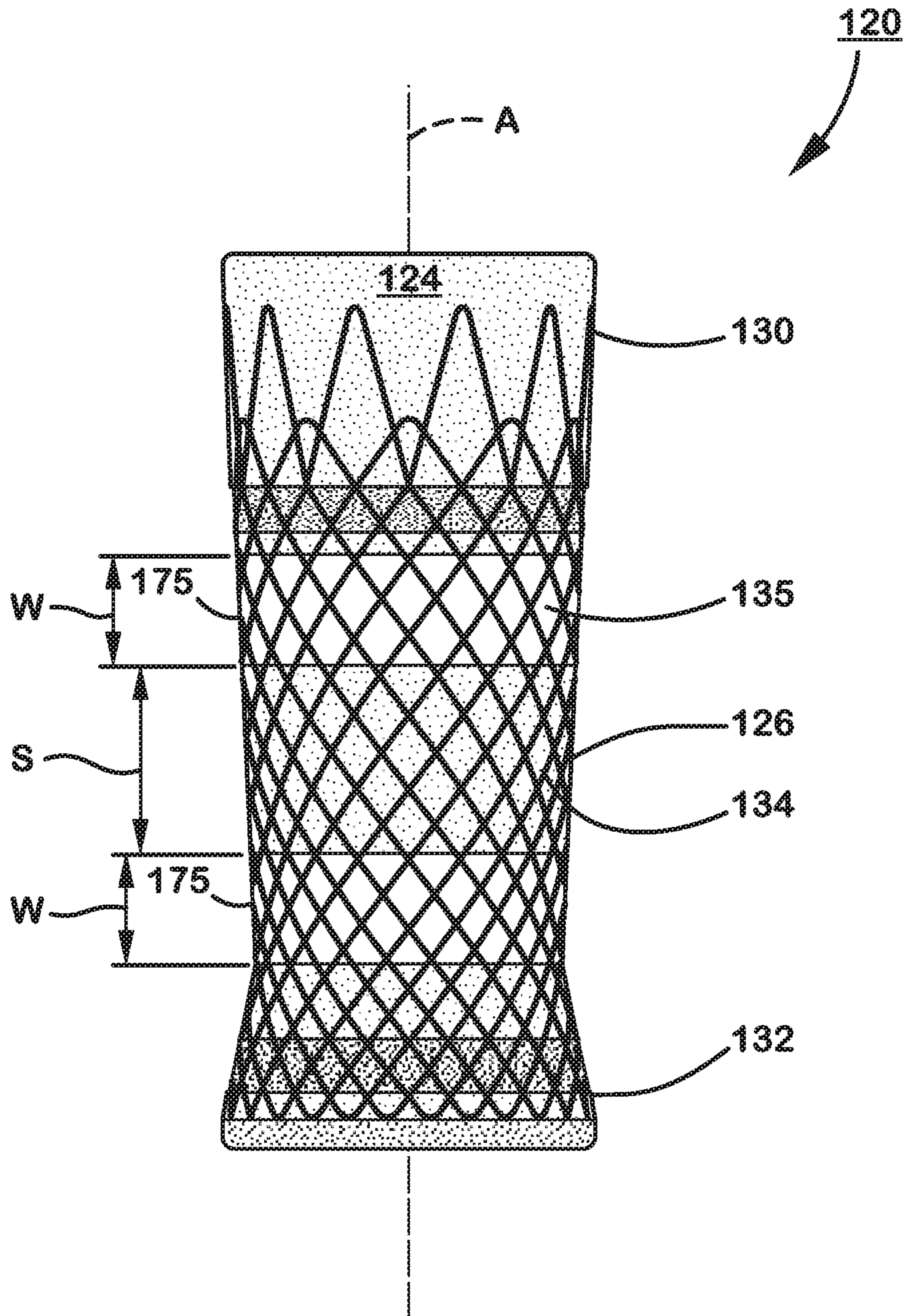


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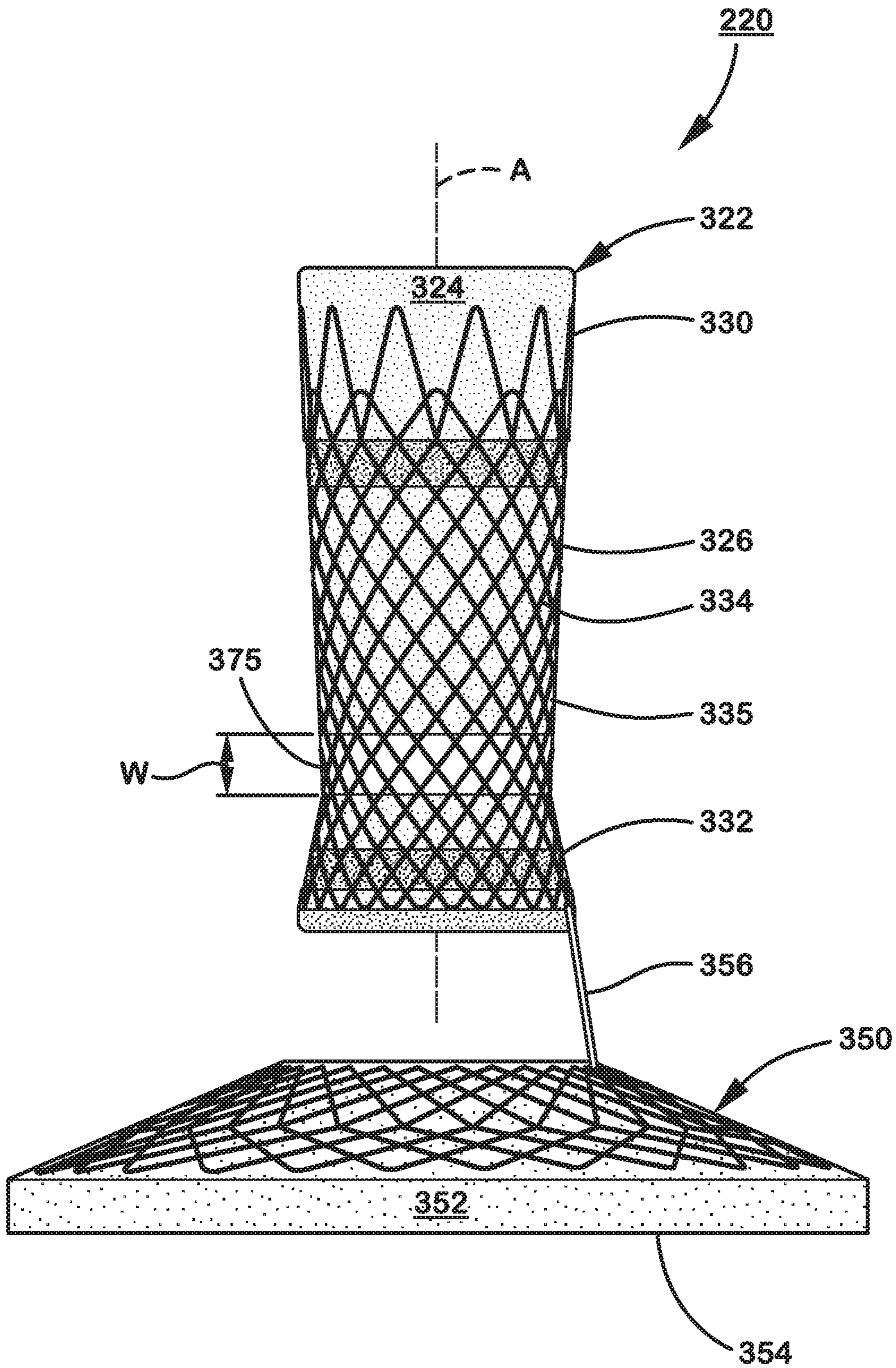
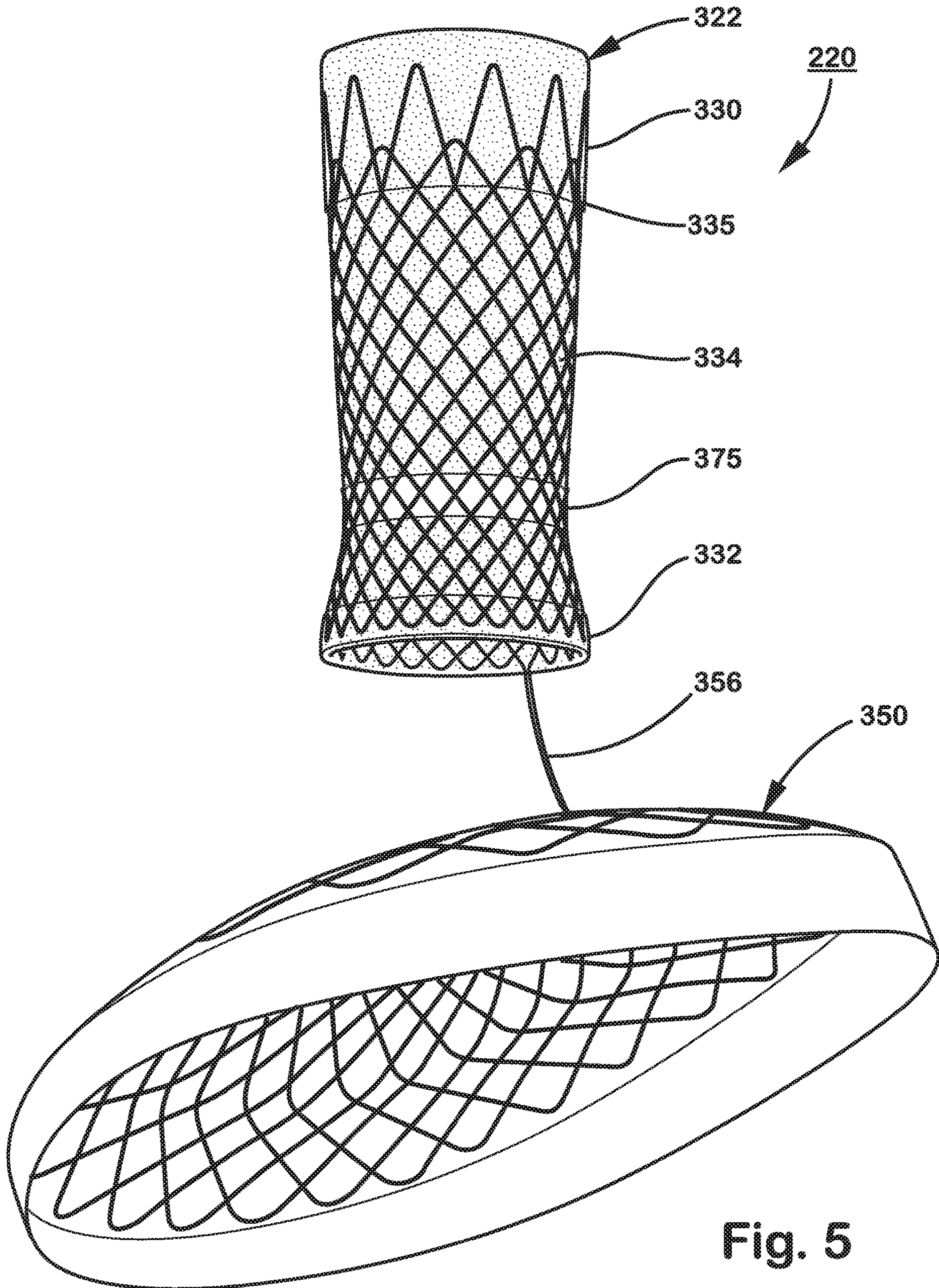


Fig. 4



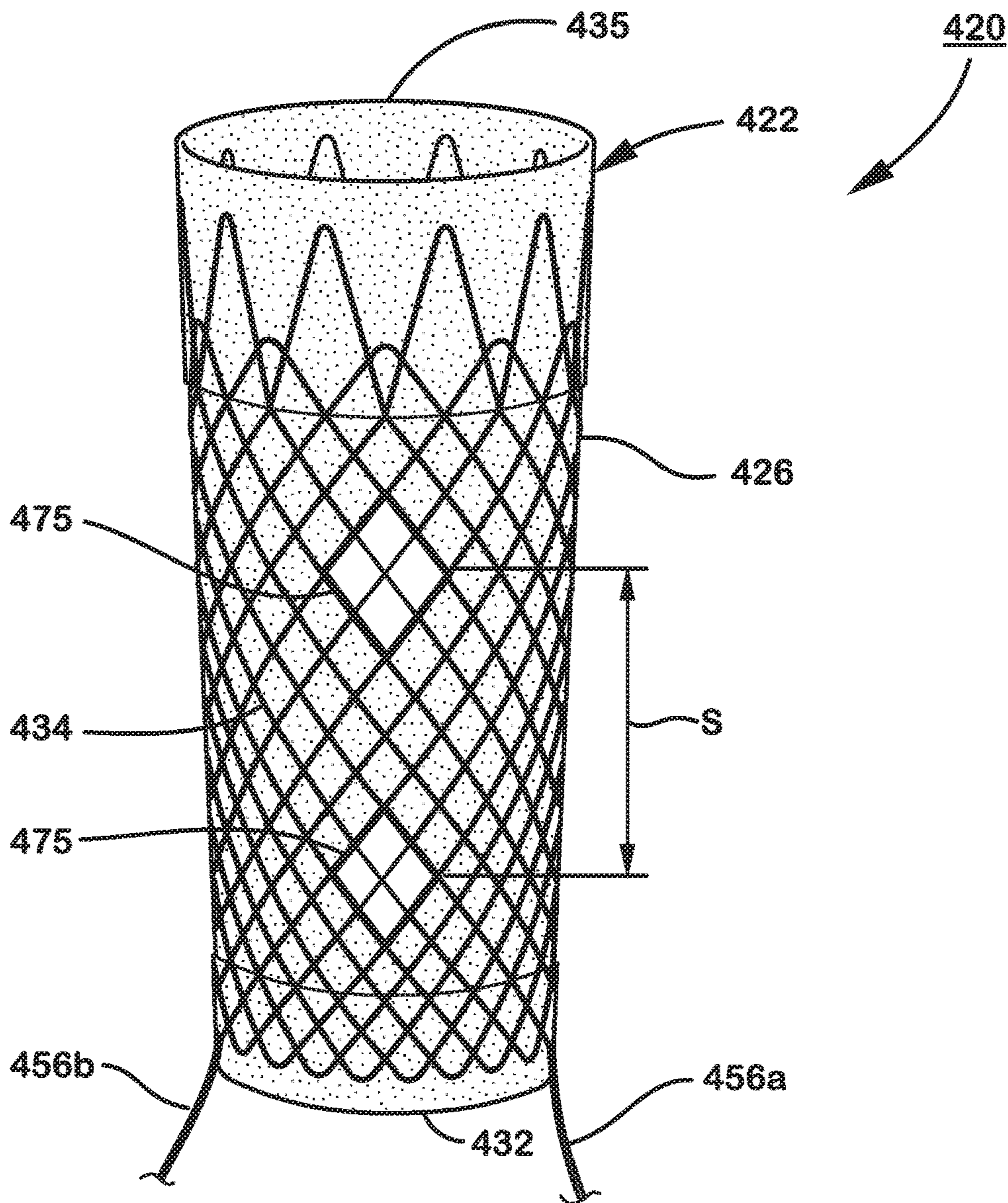


Fig. 6

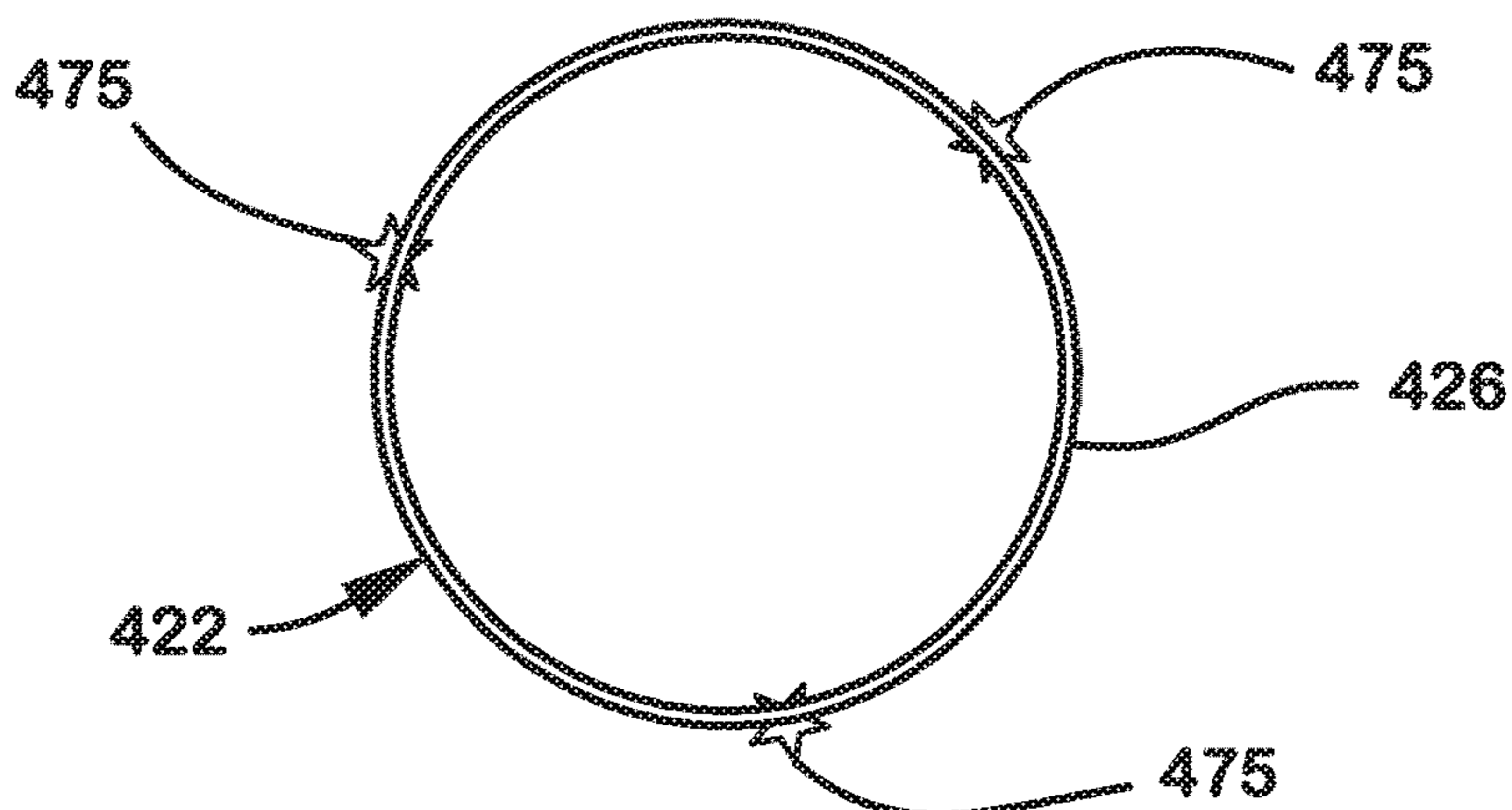


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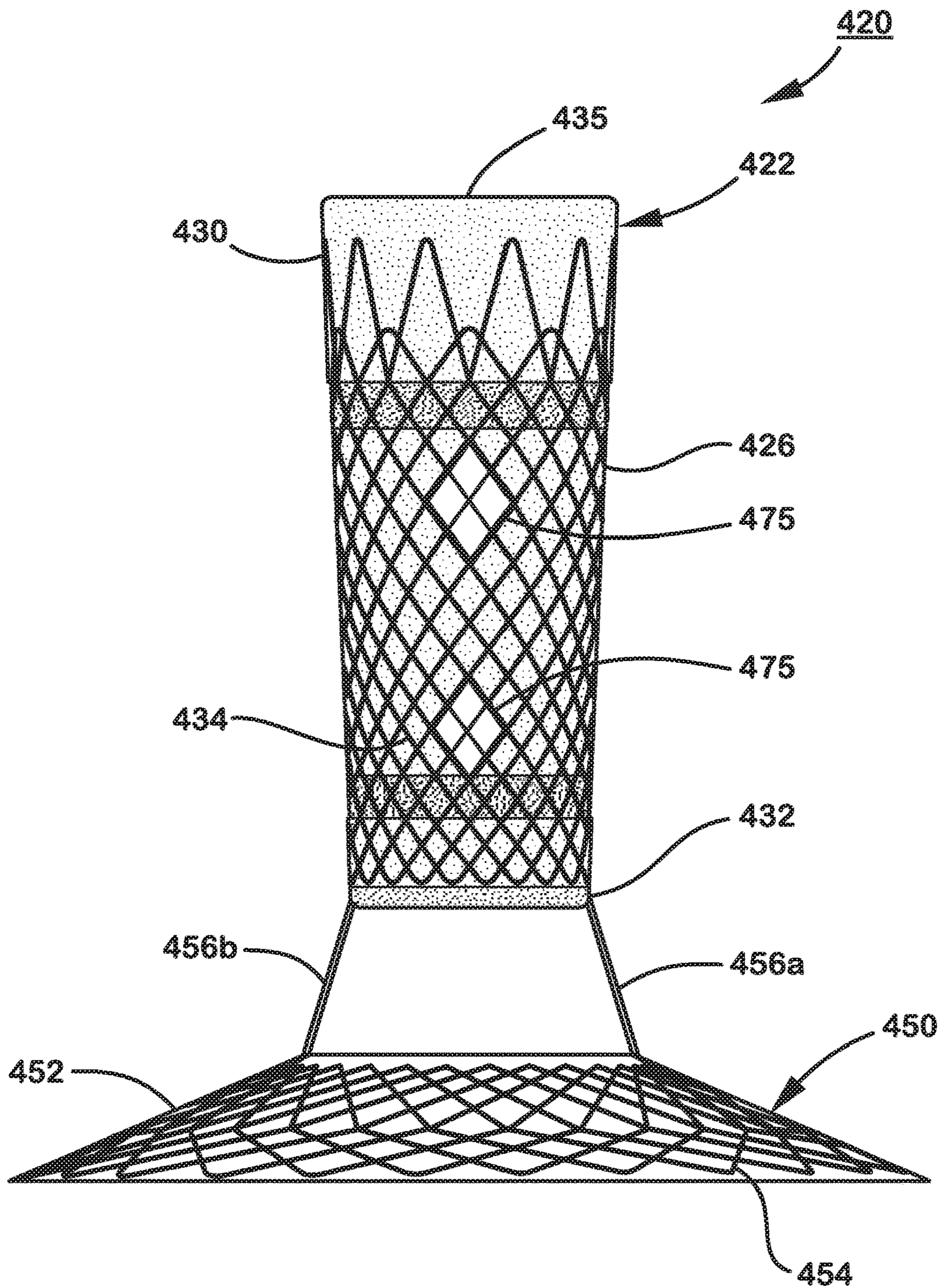


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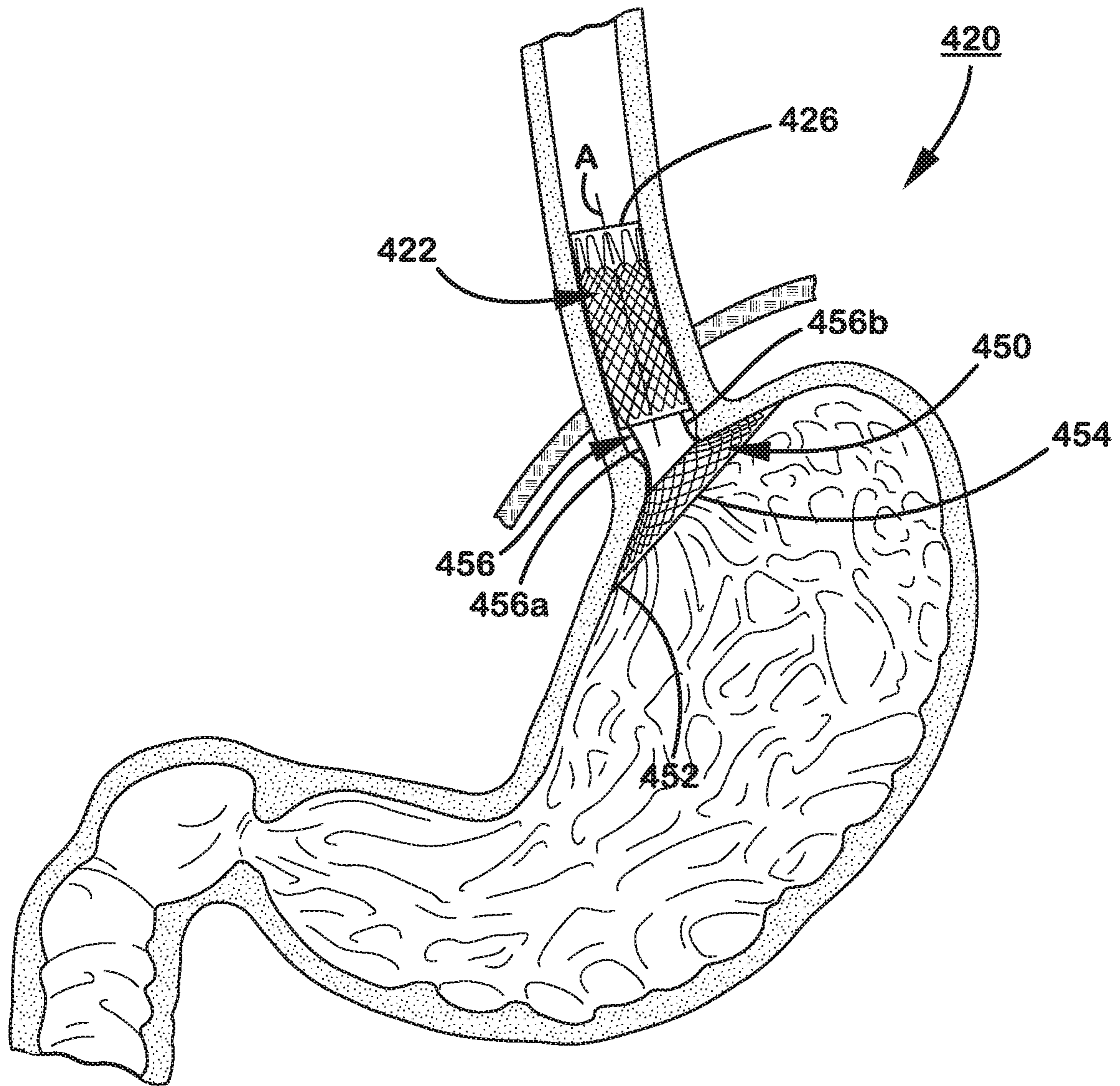


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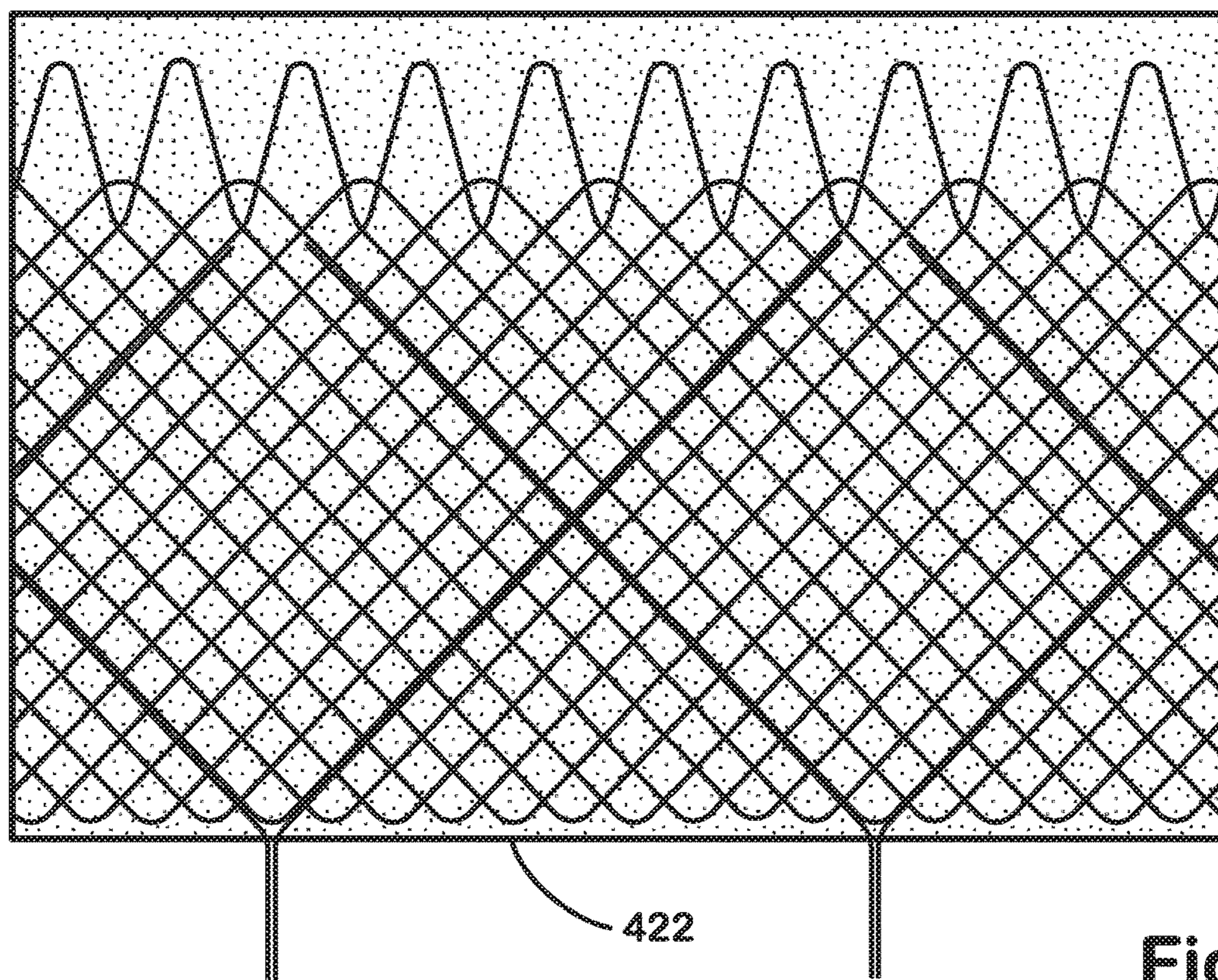


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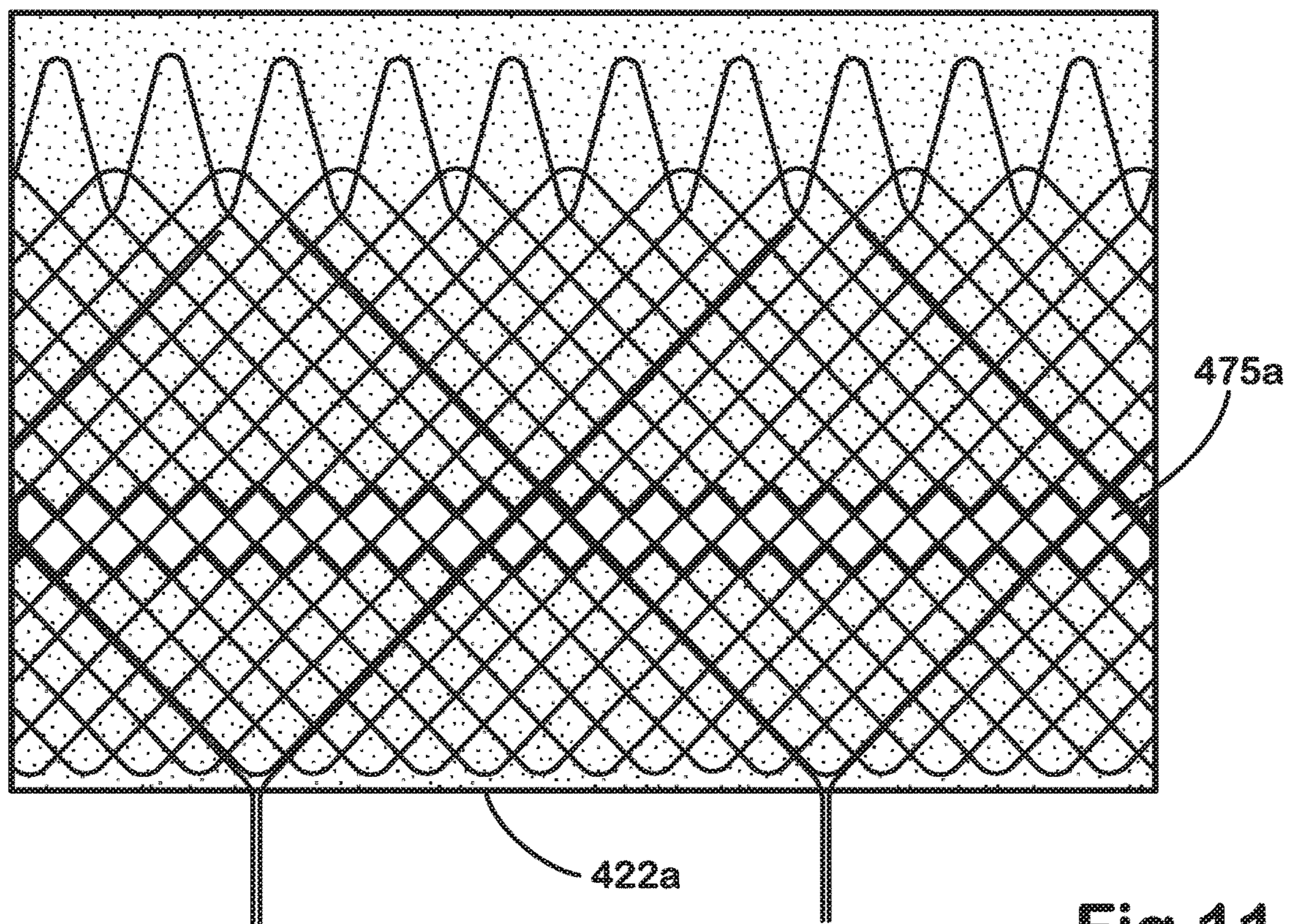


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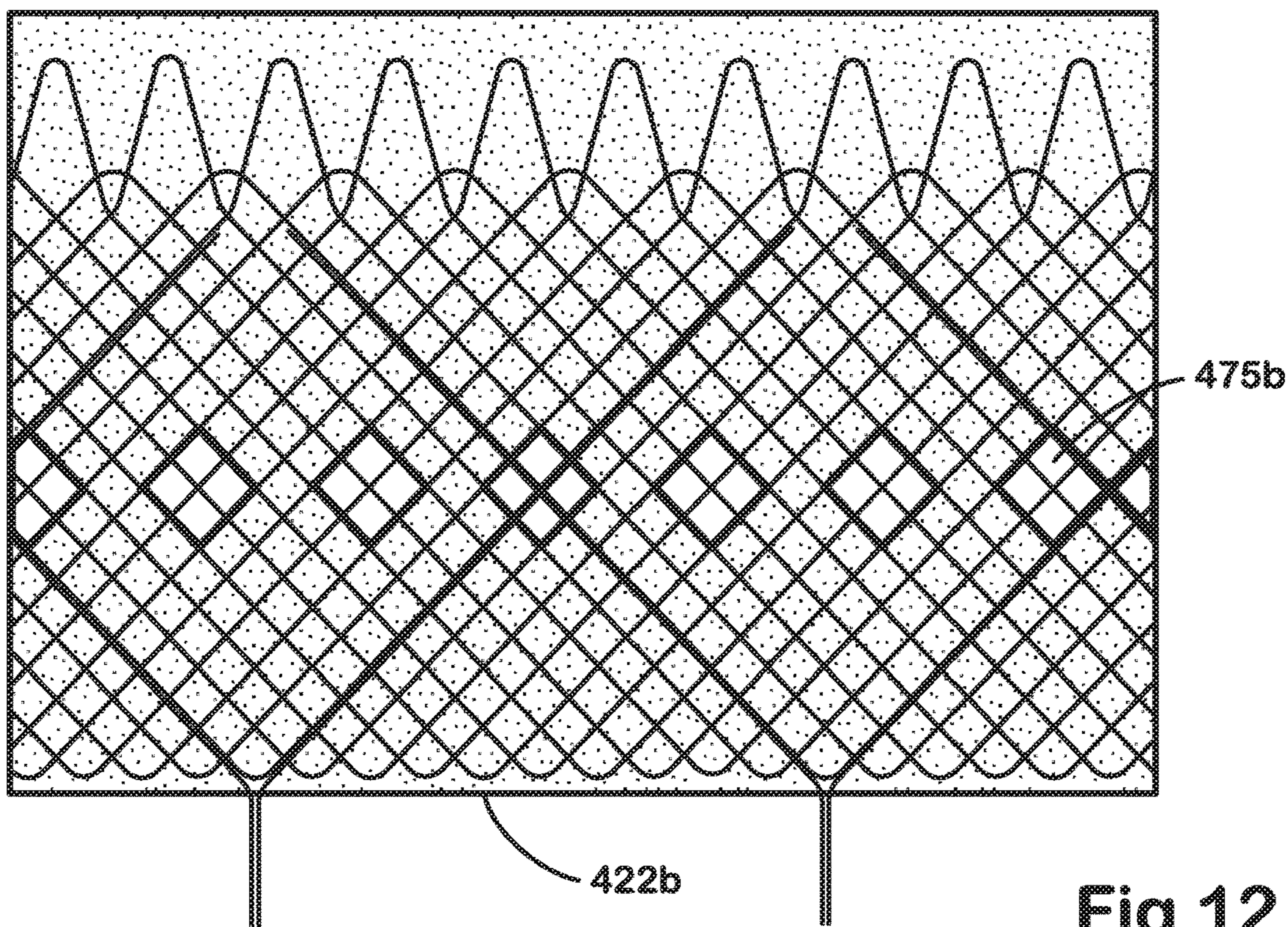


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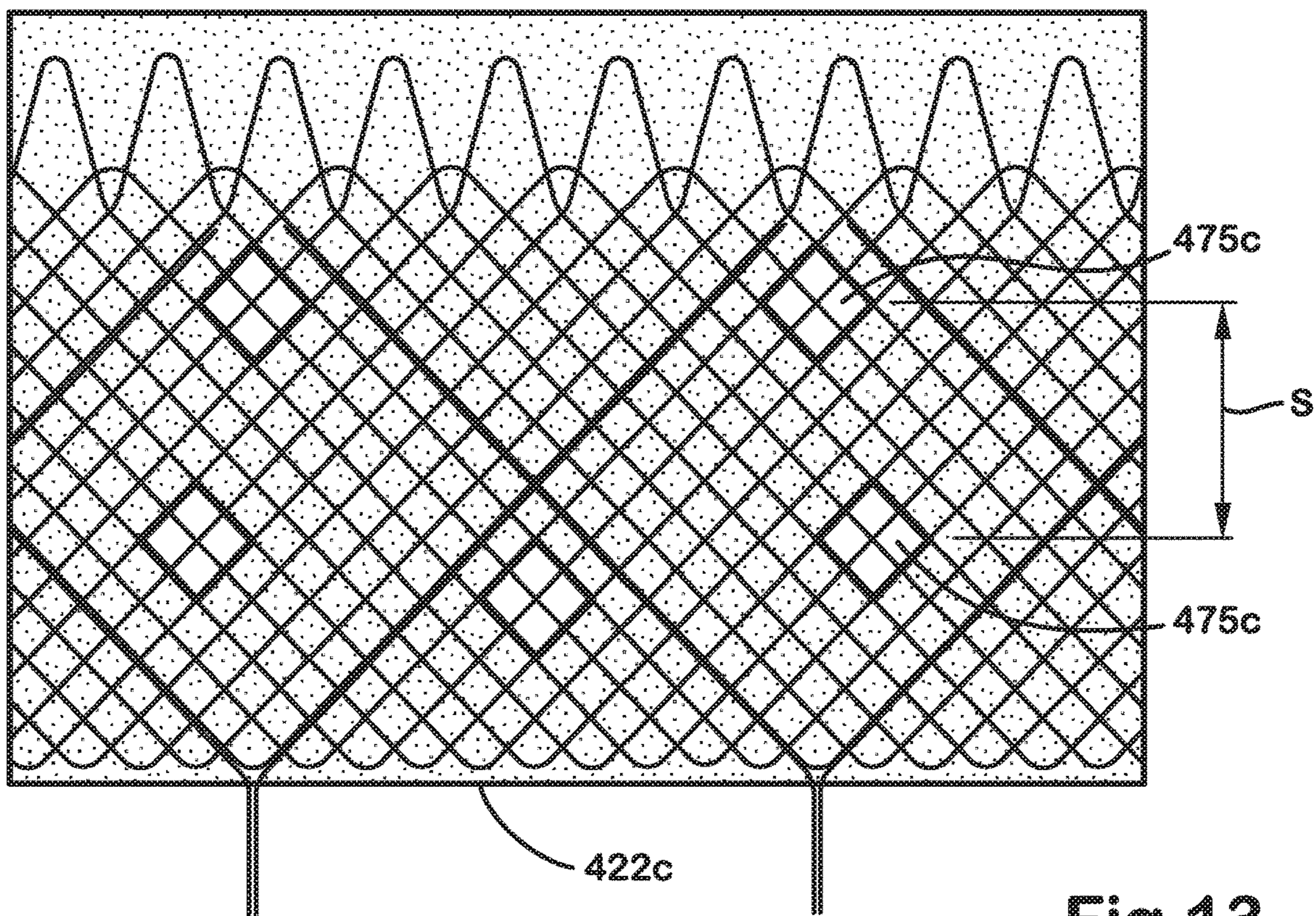


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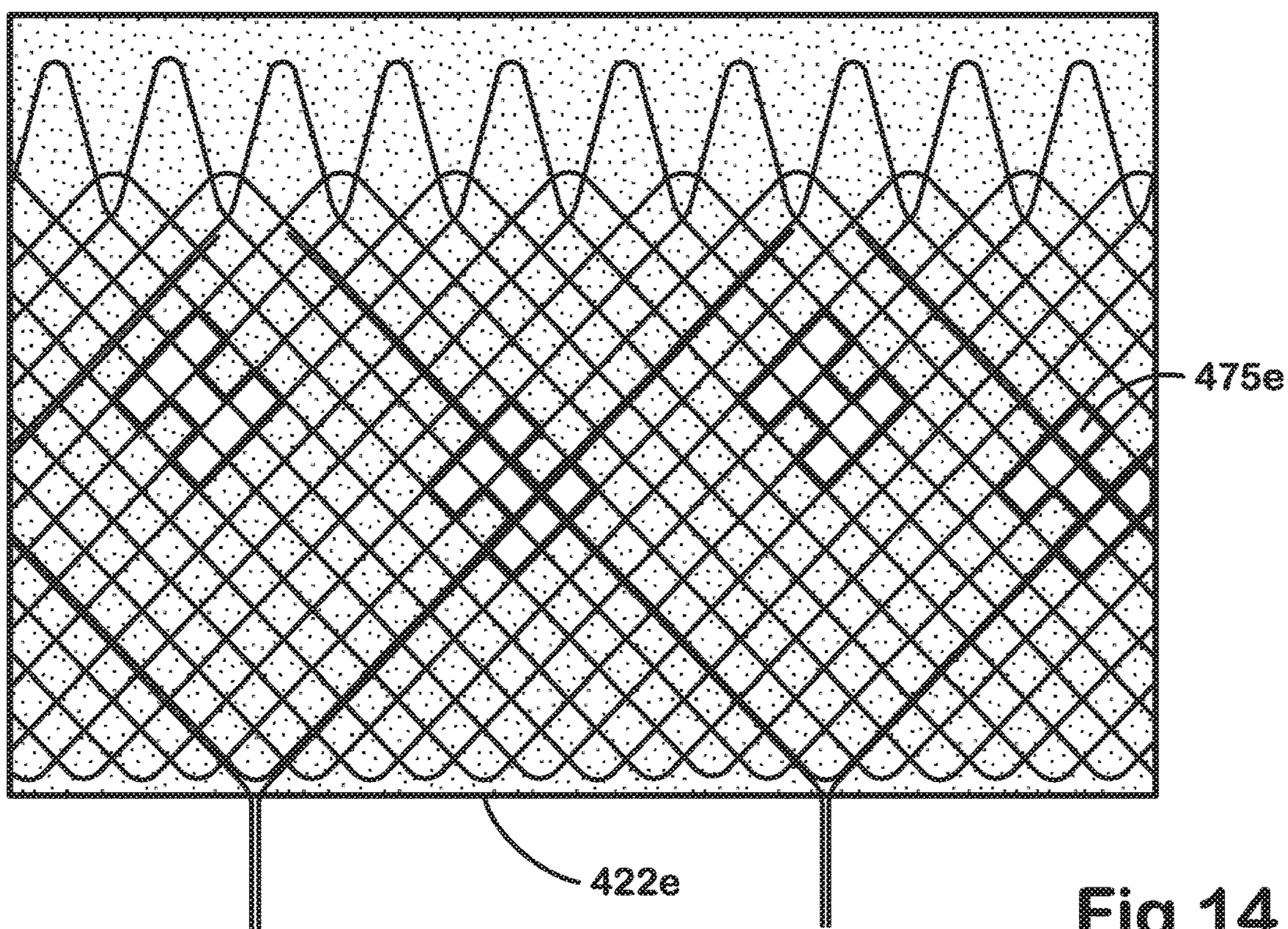


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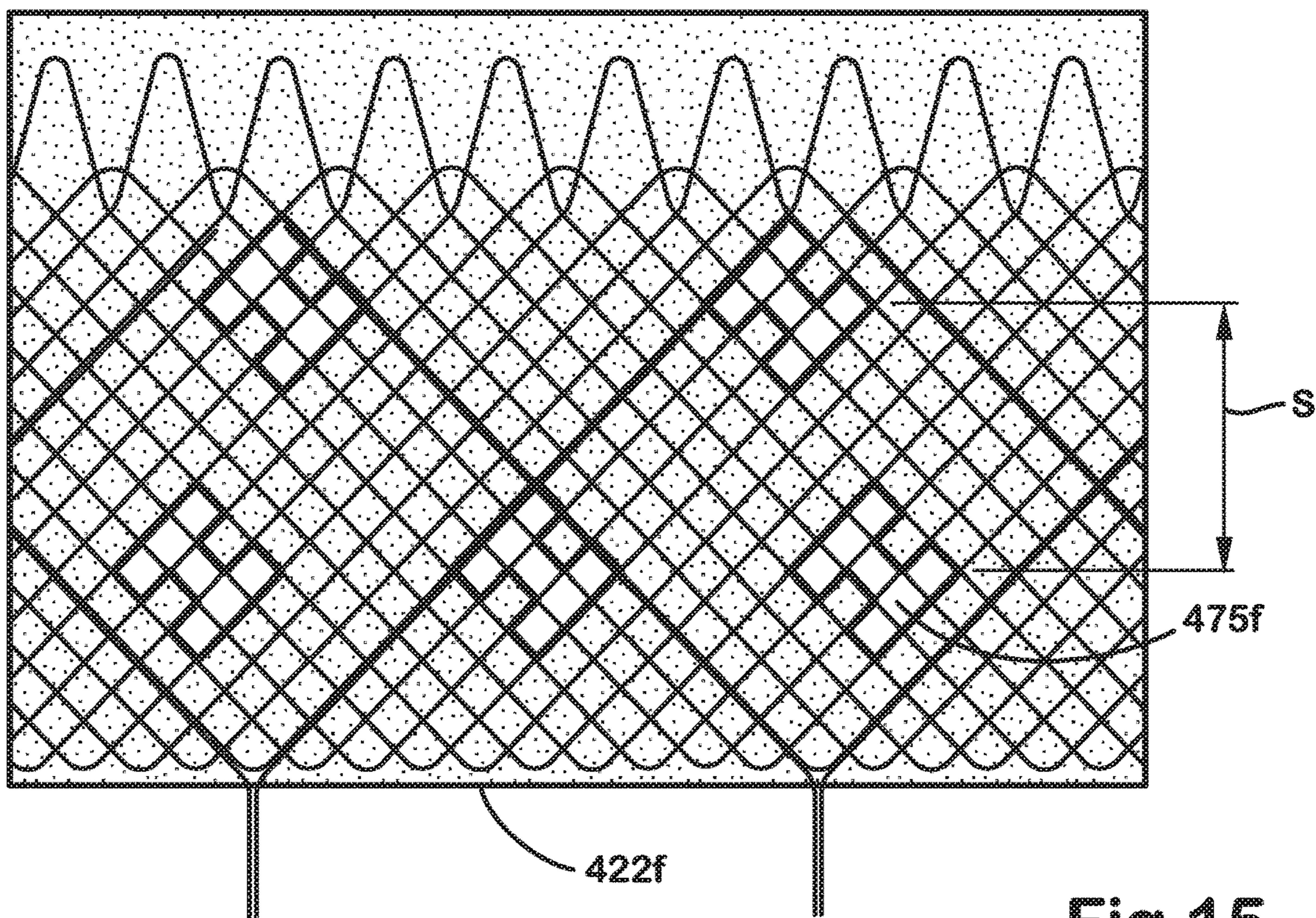


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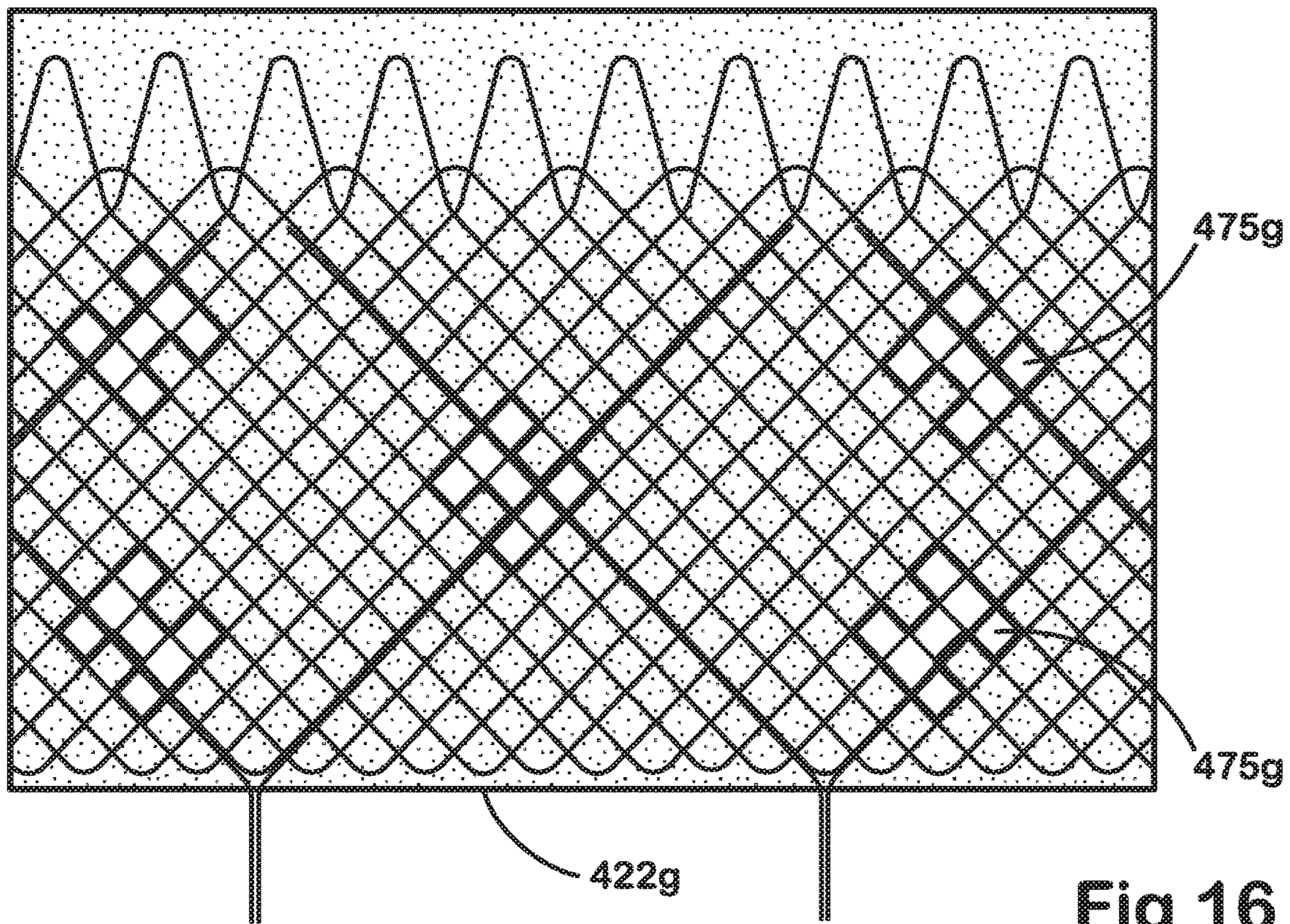


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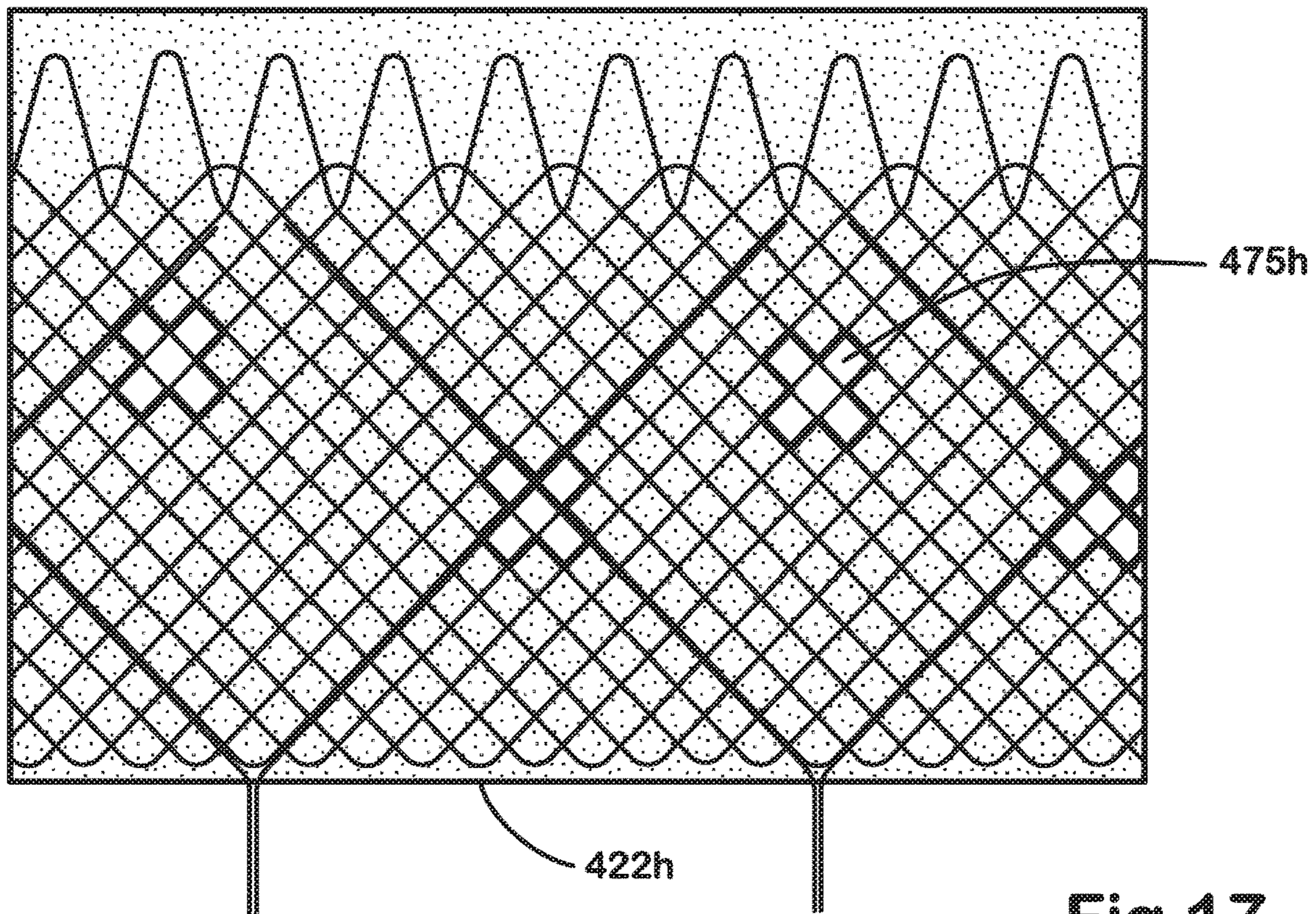


Fig 17

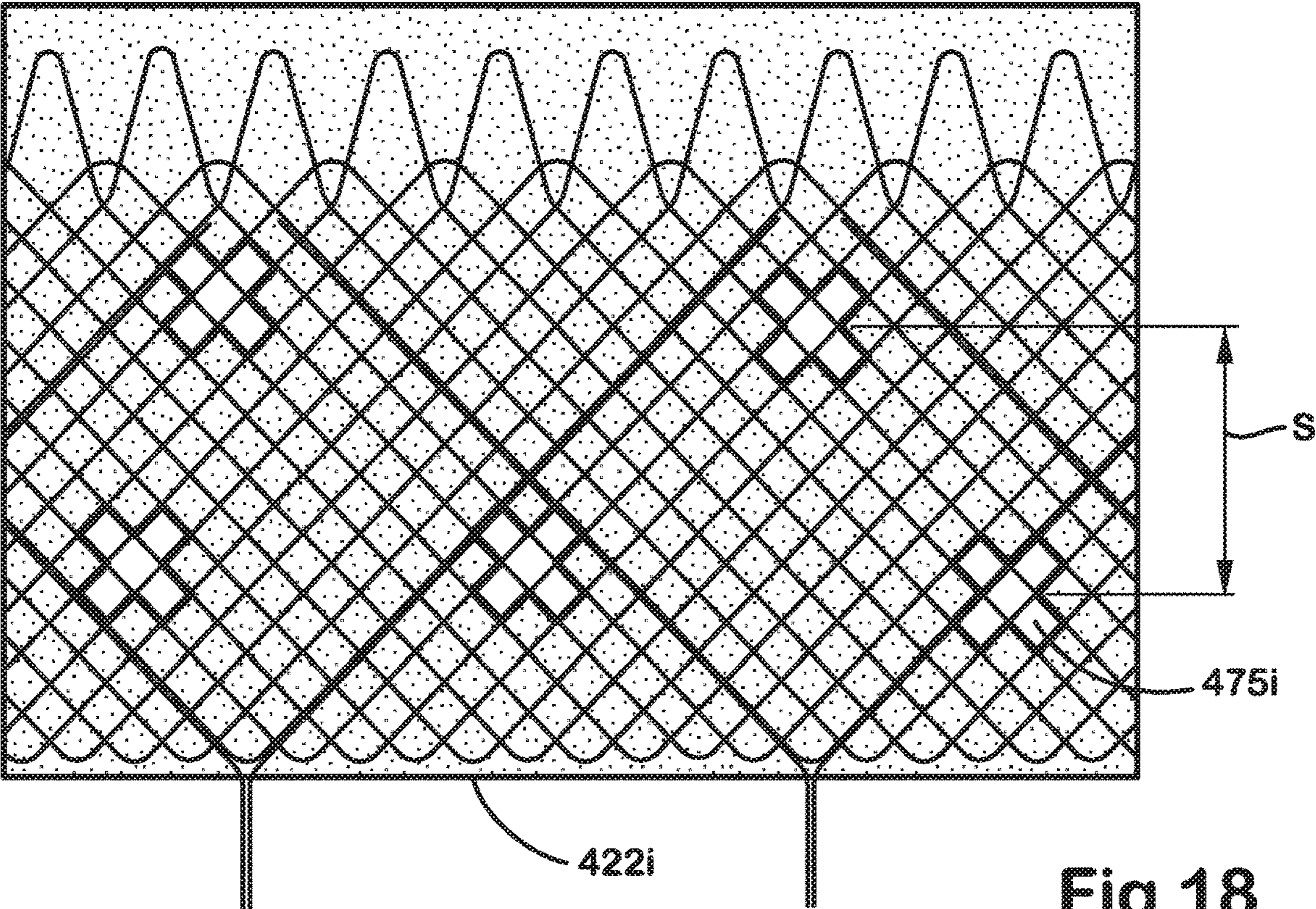


Fig 18

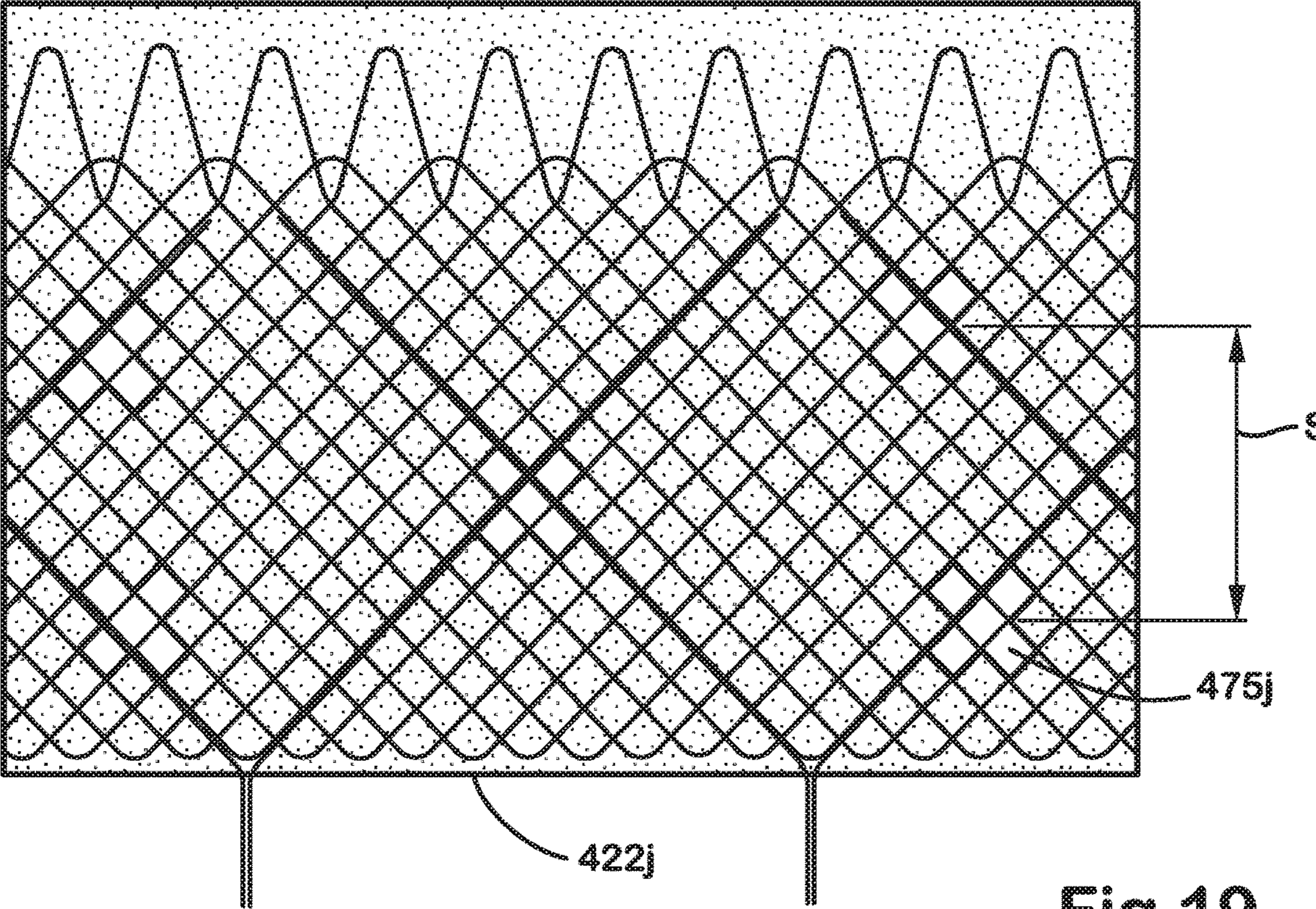


Fig 19

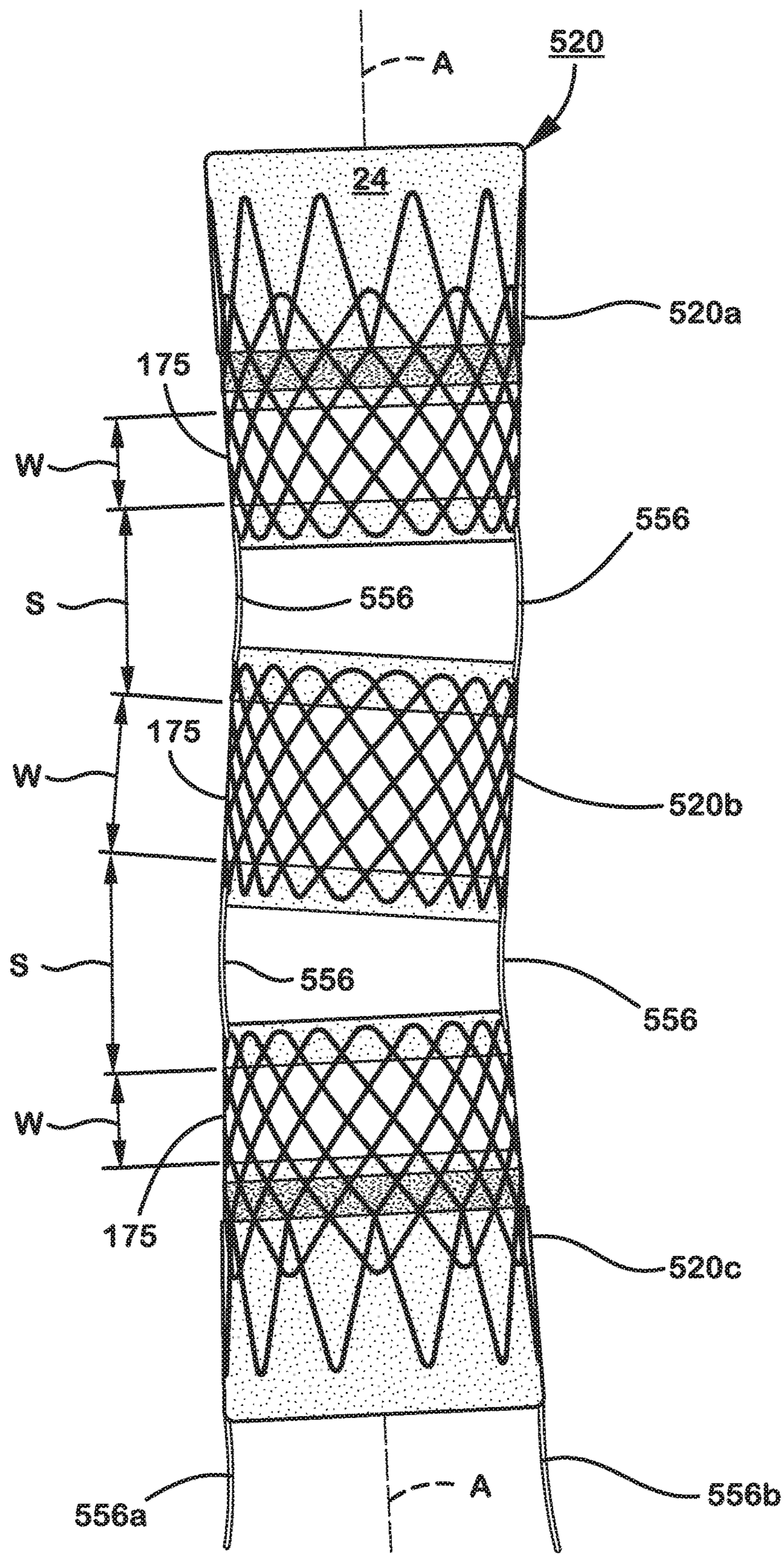


Fig. 20

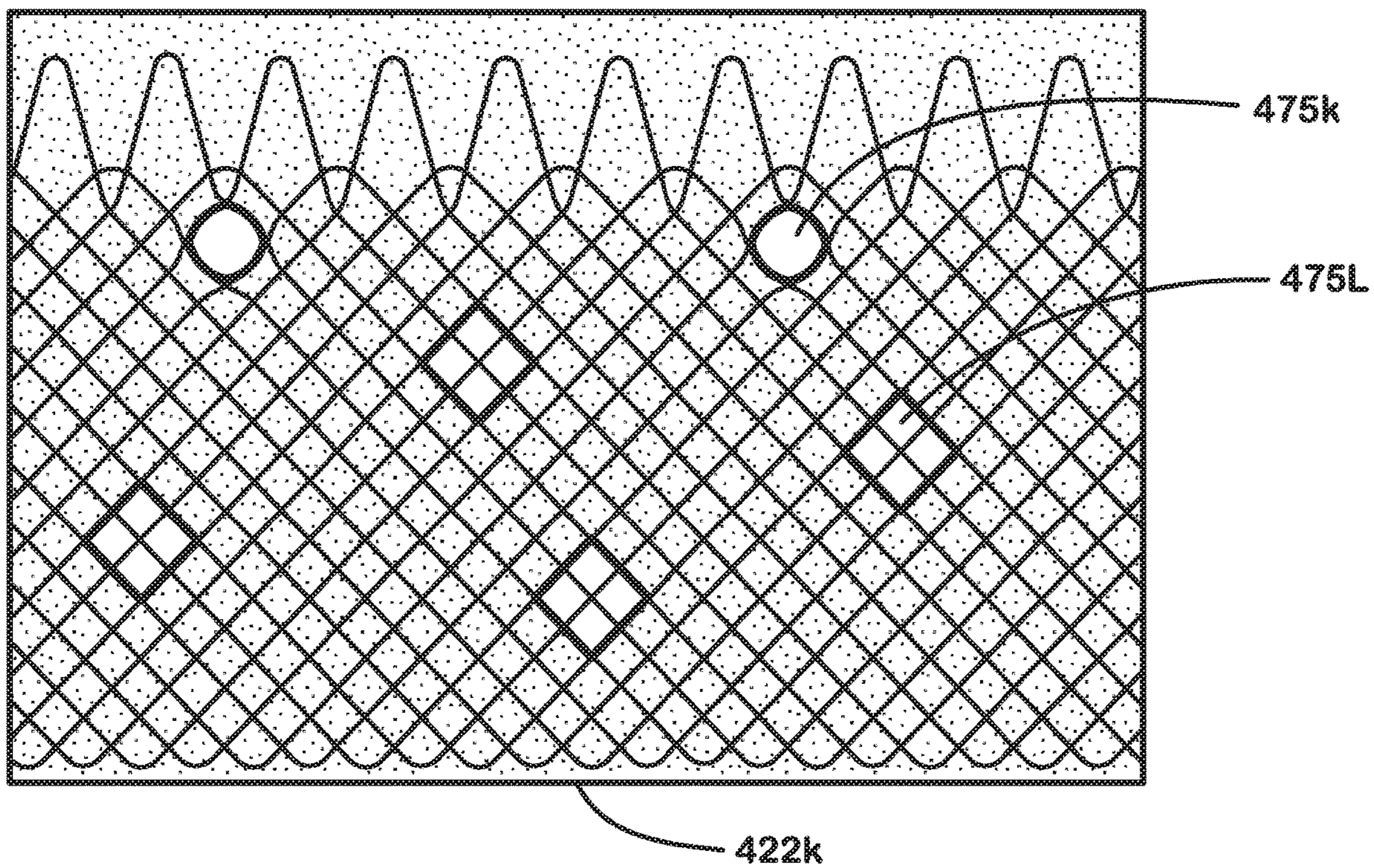


Fig 21

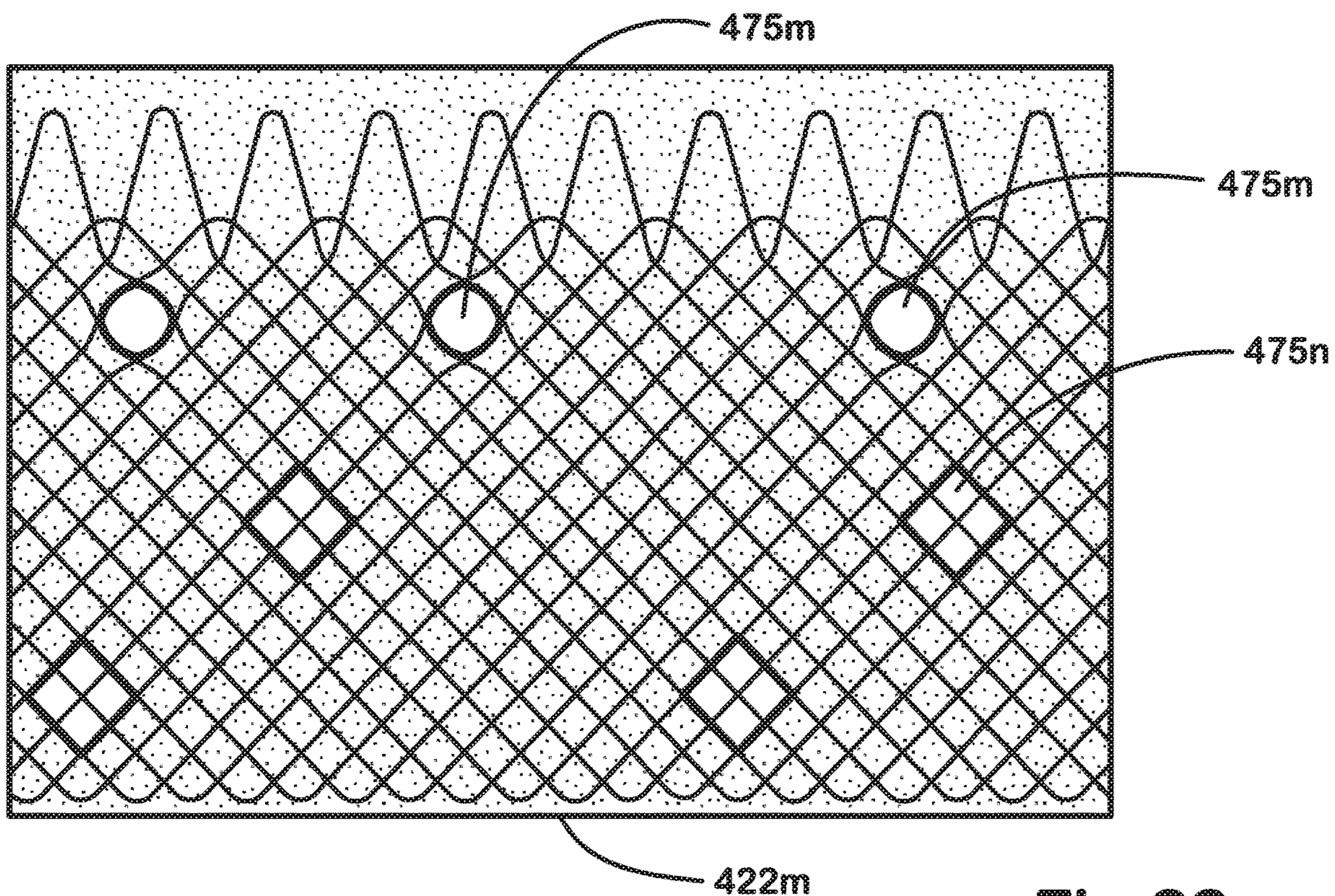


Fig 22

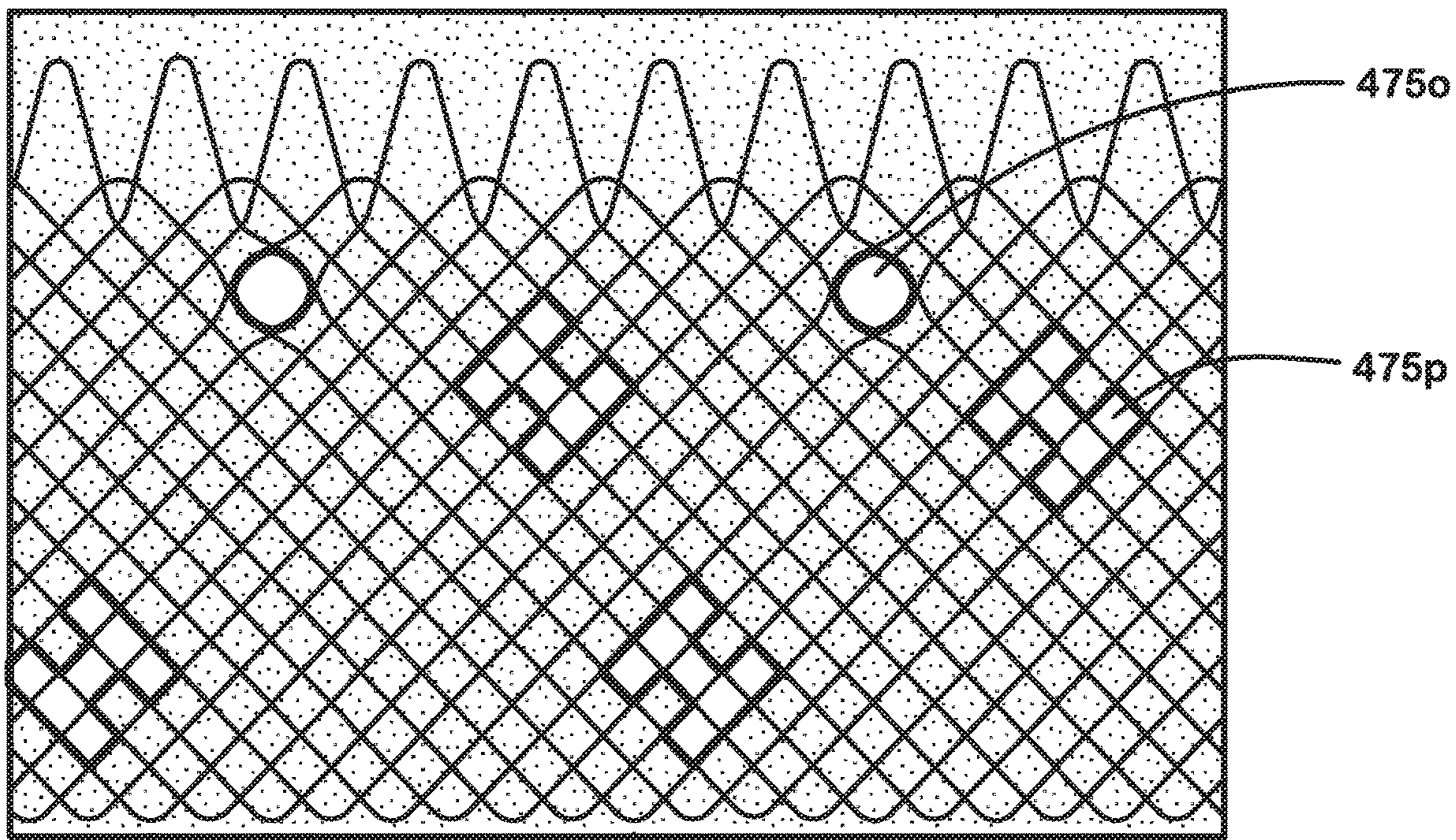


Fig 23

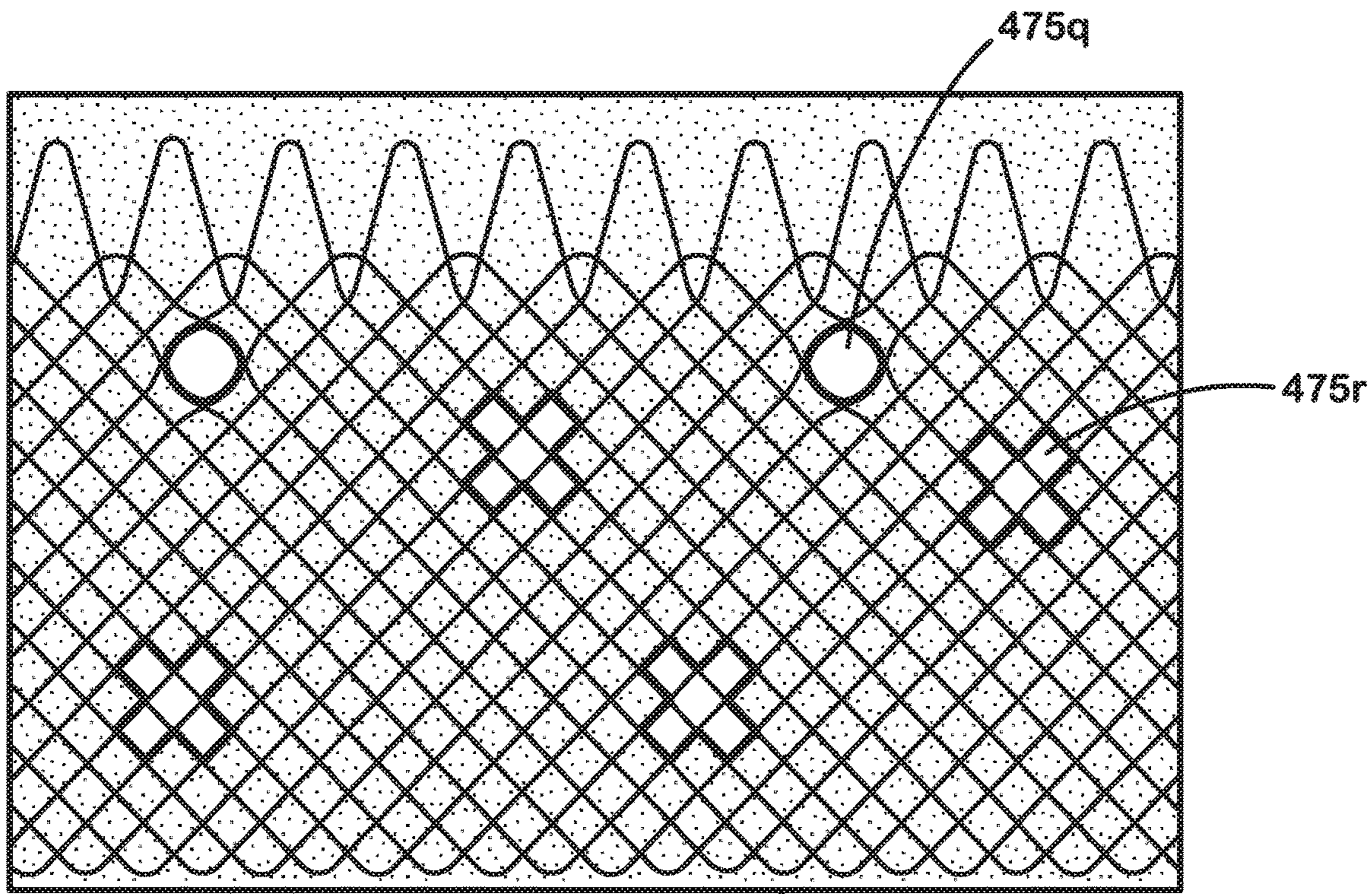


Fig 24

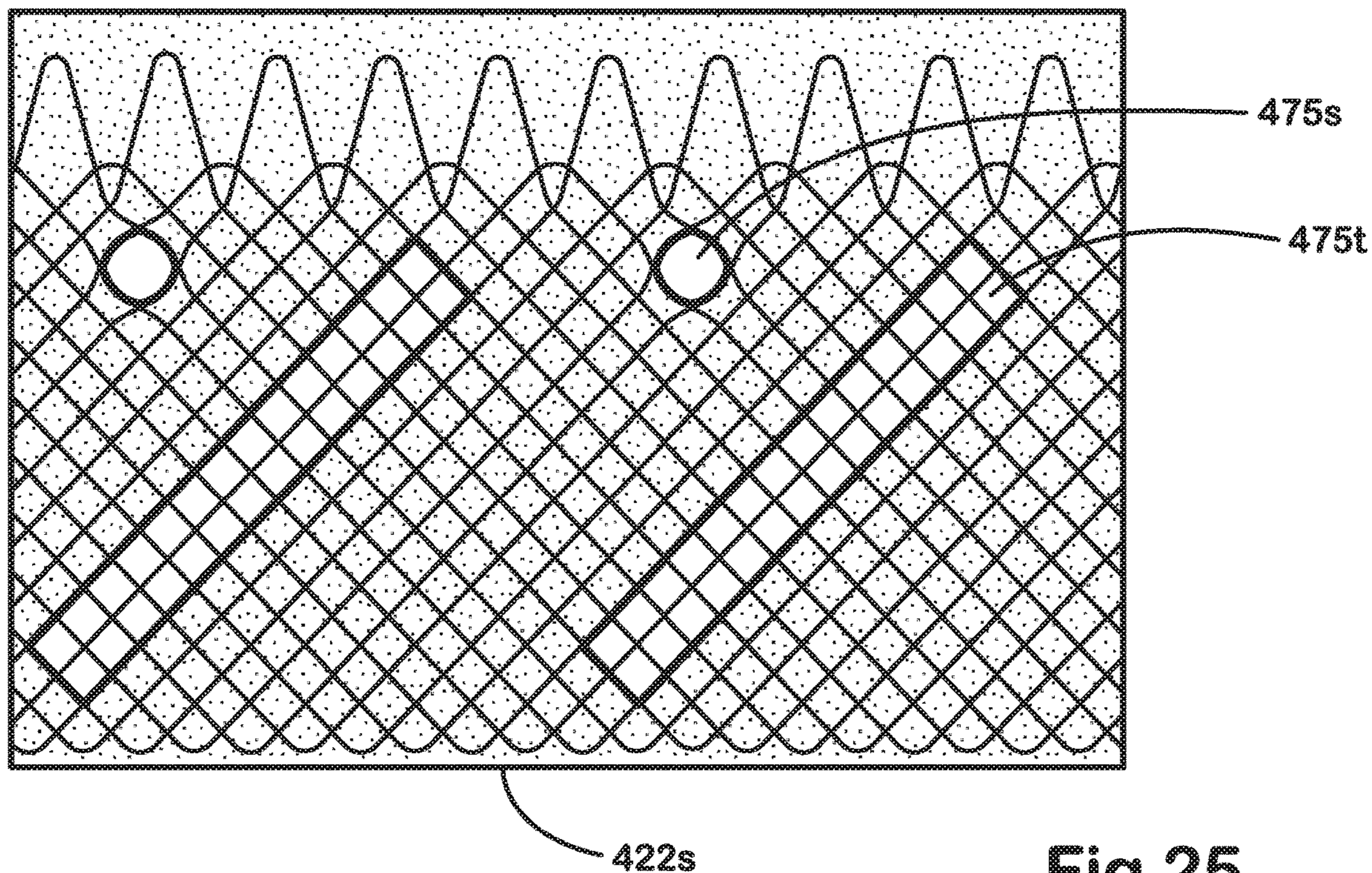


Fig 25

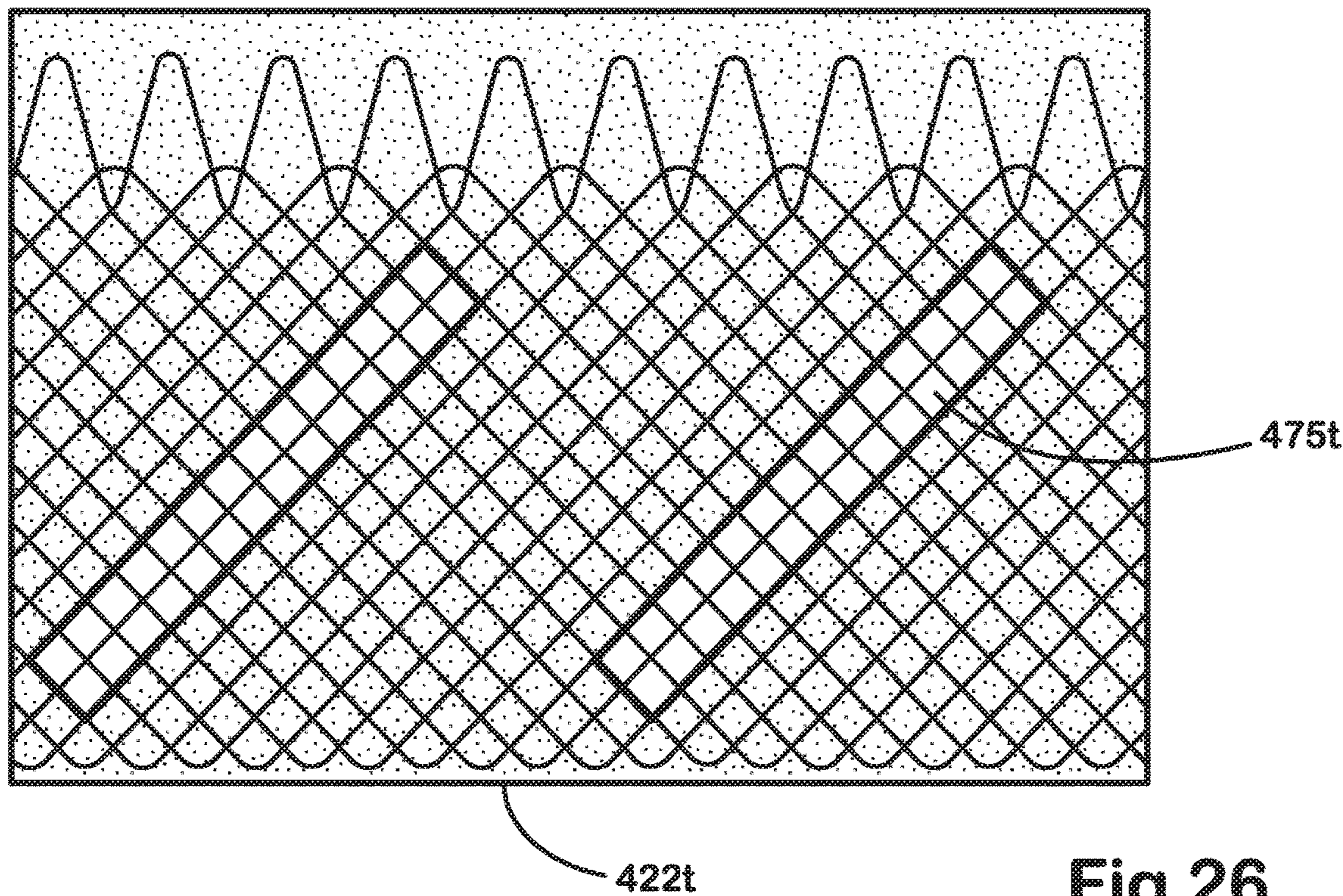


Fig 26

INTRALUMINAL DEVICE AND METHOD OF FIXATION

CROSS REFERENCE TO RELATED APPLICATIONS

This application is a continuation of U.S. patent application Ser. No. 15/163,030, filed on May 24, 2016, which is a continuation of U.S. patent application Ser. No. 14/118,731, filed on Nov. 19, 2013, now U.S. Pat. No. 9,375,338, issued on Jun. 28, 2016, which claims the priority benefits of International Patent Application No. PCT/US2012/038480, filed on May 18, 2012, which claims priority from U.S. patent application Ser. No. 61/488,194, filed on May 20, 2011, and U.S. patent application Ser. No. 61/607,338, filed on Mar. 6, 2012, the disclosures of which are hereby incorporated herein by reference in their entirety.

BACKGROUND OF THE INVENTION

The present invention is directed to an intraluminal device and method and, in particular, to such a device and method that are useful in a lumen that is subject to peristaltic waves to resist distal migration of the device from the action of the peristaltic waves. While the invention is illustrated as a bariatric device and method having an esophageal member that is adapted to be positioned in the esophagus, it may be useful with other devices and methods in the esophagus as well as devices and methods useful in other lumens that are subject to peristaltic waves.

SUMMARY OF THE INVENTION

An intraluminal device adapted to be deployed at a recipient having an esophagus, a stomach with a cardiac portion and a GE junction between the esophagus and the cardiac portion of the stomach, according to an aspect of the invention, includes a wall. The wall defines a cardiac member that is configured to the size and shape of the cardiac portion of the stomach and an esophageal member that is configured to the size and shape of a portion of the esophagus. A connector is connected with the esophageal portion and the cardiac portion. A fixation system is configured to resist distal migration of the wall. The fixation system includes a wall characteristic of the wall that is configured to facilitate tissue ingrowth. The fixation system further includes temporary fixation configured to at least temporarily resist distal migration of the wall while tissue ingrowth occurs at the wall characteristic.

The temporary fixation may include at least one mucosal capture opening in the wall at the esophageal member that is configured to capture mucosa to at least temporarily resist distal migration of the wall. The temporary fixation may include a suture looped around the esophageal member and adapted to be attached to the recipient to at least temporarily resist distal migration of the wall. The suture may be adapted to be attached to a molar or orthodontic bracket of the recipient.

The connector may include at least two elongated members that pass through the GE junction and are configured to not inhibit operation of the GE Junction. The wall may be impregnated with an anti-spasm medication or coated with an anti-spasm medication.

The wall at the esophageal member may be defined by an outwardly expanding mesh that is covered by a cover that defines a proximal end portion and a distal end portion of the esophageal member. The wall at the esophageal member

may have a transition zone at at least one of the end portions of said esophageal member. The wall applies different stress on the esophagus at the transition zone than inward of the transition zone. The wall may apply a lower stress at the transition zone than inward of the transition zone. The mesh may have a non-uniform cell structure with the cell structure being less dense at the transition zone than inward of the transition zone thereby defining the transition zone at least in part.

The wall at the esophageal member may be adapted to reduce esophageal spasm resulting from peristalsis including minimizing progression of the peristalsis at the esophageal member. The wall at the esophageal member may define an edge portion defining angulations therein. The angulations are adapted to reduce the spasm of the esophagus. The angulations may be a bevel or a scalloped shape. The edge portion may be at a proximal end portion of the wall with respect to the peristalsis.

An intraluminal device adapted to be deployed at a recipient having an esophagus, a stomach with a cardiac portion and a GE junction between the esophagus and the cardiac portion of the stomach, according to an aspect of the invention, includes an esophageal member with an esophageal surface defined by an esophageal wall. The esophageal surface is configured to generally conform to the shape and size of a portion of the esophagus. A cardiac member has a cardiac wall defining a cardiac surface that is configured to generally conform to the shape and size of a portion of the cardiac region of the stomach. A connector is connected with the esophageal member and the cardiac member. The esophageal wall is defined by a support structure and a cover over the support structure. The at least one opening is defined in a cover. The support structure is defined by a plurality of intersecting mesh portions thereby defining a plurality of rectilinear polygons. The esophageal wall has at least one opening therein between end portions thereof. The at least one opening is the size of a plurality of adjacent ones of the polygons. Tissue ingrowth will occur around the intersecting mesh portions in the at least one opening. Temporary fixation fixes the intraluminal device in the recipient until tissue ingrowth occurs around the intersecting mesh portions.

The temporary fixation may be one or more mucosal capture openings in the esophageal wall that do not have intersection mesh portions. The mucosal capture opening captures mucosa. The temporary fixation may be a suture looped around the esophageal member and attached to the recipient. The suture may be attached to a molar or orthodontic bracket of the recipient.

The at least one opening may be the size of at least three of adjacent ones of the polygons arranged in shapes of a diamond, a cross, a line and/or an "H" shape. The at least three of the adjacent ones of the polygons may be at least five adjacent ones of the polygons. The at least one opening may be at least three openings distributed radially around the esophageal member. The at least one opening may be configured to regulate mucosal ingrowth on the support structure. The at least one opening may be configured to regulate mucosal ingrowth by having a dimension that is less than an amount that would promote uncontrolled mucosal ingrowth.

The esophageal wall may have a transition zone at one or both end portions of the esophageal wall. The esophageal wall applies different stress on the esophagus at the transition zone than inward of the transition zone. The esophageal wall may apply a lower stress at said transition zone than inward of said transition zone. The mesh may have a

non-uniform cell structure wherein the cell structure is less dense at the transition zone than inward of the transition zone thereby defining said transition zone at least in part.

The esophageal wall may reduce esophageal spasm resulting from peristalsis including minimizing progression of the peristalsis at the esophageal wall. The esophageal wall may define an edge portion with angulations therein. The angulations reduce the spasm of the esophagus. The angulations may be a bevel or a scalloped shape. The edge portion may be at a proximal end portion of the wall with respect to the peristalsis.

At least one of said walls may be impregnated with an anti-spasm medication or coated with an anti-spasm medication.

A method of fixation of an intraluminal device at a recipient having an esophagus, a stomach with a cardiac portion and a GE junction between the esophagus and the cardiac portion of the stomach, according to an aspect of the invention, includes deploying the intraluminal device to the recipient. The intraluminal device has a wall defining a cardiac member that is configured to the size and shape of the cardiac portion of the stomach and deployed to the cardiac portion of the stomach. The intraluminal device has an esophageal member that is configured to the size and shape of a portion of the esophagus and deployed to the esophagus. The intraluminal device includes a connector connected with the esophageal portion and cardiac portion and deployed to the GE junction. The wall is fixed to the recipient to resist distal migration of the intraluminal device. The fixing includes the wall having a wall characteristic that is configured to facilitate tissue ingrowth to fix the wall to the recipient. The wall is temporarily fixed to the recipient to resist distal migration of said wall while tissue ingrowth occurs at the wall characteristic.

A method of fixation of an intraluminal device at a recipient having an esophagus, a stomach with a cardiac portion and a GE junction between the esophagus and the cardiac portion of the stomach, according to an aspect of the invention, includes deploying the intraluminal device to the recipient. The intraluminal device has an esophageal member with an esophageal surface defined by an esophageal wall. The esophageal surface is configured to generally conform to the shape and size of a portion of the esophagus and deployed to the esophagus. The intraluminal device includes a cardiac member has a cardiac wall defining a cardiac surface that is configured to generally conform to the shape and size of the cardiac portion of the stomach and deployed to the cardiac portion of the stomach. The intraluminal device includes a connector that is connected with the esophageal member and the cardiac member and deployed to the GE junction. The esophageal wall is fixed to the recipient to resist distal migration of the esophageal wall. The esophageal wall is defined by a support structure and a cover over the support structure. The support structure is defined by a plurality of intersecting mesh portions thereby defining a plurality of rectilinear polygons. The esophageal wall has at least one opening therein between end portions thereof. The at least one opening is defined in the cover. The at least one opening is the size of a plurality of adjacent ones of the polygons. Tissue ingrowth will occur around the intersecting mesh portions in the at least one opening. The wall is temporarily fixed to the recipient to resist distal migration of the wall while tissue ingrowth occurs around the intersecting mesh portions.

These and other objects, advantages and features of this invention will become apparent upon review of the following specification in conjunction with the drawings.

BRIEF DESCRIPTION OF THE DRAWINGS

FIG. 1 is a side elevation of an intraluminal device according to an aspect of the invention;

FIG. 2 is an enlarged perspective view of the area designated II in FIG. 1;

FIG. 3 is the same view as FIG. 1 of an alternative embodiment thereof;

FIG. 4 is a side elevation of a bariatric device according to an aspect of the invention;

FIG. 5 is a perspective view of the bariatric device in FIG. 4;

FIG. 6 is a perspective view of an esophageal member of an alternative embodiment of a bariatric device taken from the side thereof;

FIG. 7 is an end view of the esophageal member in FIG. 6;

FIG. 8 is a side elevation of a bariatric device incorporating the esophageal member of FIG. 6;

FIG. 9 is a view of the bariatric device of FIG. 8 deployed in a recipient;

FIG. 10 is a side elevation of a flattened esophageal member showing a pattern of openings in a wall thereof;

FIG. 11 is the same view as FIG. 10 of an alternative embodiment thereof;

FIG. 12 is the same view as FIG. 10 of an alternative embodiment thereof;

FIG. 13 is the same view as FIG. 10 of an alternative embodiment thereof;

FIG. 14 is the same view as FIG. 10 of an alternative embodiment thereof;

FIG. 15 is the same view as FIG. 10 of an alternative embodiment thereof;

FIG. 16 is the same view as FIG. 10 of an alternative embodiment thereof;

FIG. 17 is the same view as FIG. 10 of an alternative embodiment thereof;

FIG. 18 is the same view as FIG. 10 of an alternative embodiment thereof;

FIG. 19 is the same view as FIG. 10 of an alternative embodiment thereof;

FIG. 20 is the same view as FIG. 1 of an alternative embodiment thereof;

FIG. 21 is the same view as FIG. 10 of an alternative embodiment thereof;

FIG. 22 is the same view as FIG. 10 of an alternative embodiment thereof;

FIG. 23 is the same view as FIG. 10 of an alternative embodiment thereof;

FIG. 24 is the same view as FIG. 10 of an alternative embodiment thereof;

FIG. 25 is the same view as FIG. 10 of an alternative embodiment thereof; and

FIG. 26 is the same view as FIG. 10 of an alternative embodiment thereof.

DESCRIPTION OF THE PREFERRED EMBODIMENT

Referring now to the drawings and the illustrative embodiments depicted therein, an intraluminal device 20 includes a member, such as an esophageal member 22, having a surface 24 defined by a wall 26 having opposite end portions made up of a proximal end portion 30 and a distal end portion 32 (FIGS. 1 and 2). Surface 24 is configured to generally conform to the shape and size of a portion of the lumen in which it is to be deployed. In particular, surface 24

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is configured to generally conform to the shape and size of a portion of a lumen that experiences peristalsis. Examples of such lumen include the esophagus, the colon, other portions of the intestines, ureter, urethra, biliary duct, fallopian tube, vas deferens, and the like.

End portions **30**, **32** are spaced apart along an axis A in the direction of peristaltic movement along the lumen in which device **20** is deployed. Wall **26** is defined by a support structure, such as a wire mesh **34**, made from Nitinol wire, or the like, and a cover **35** over support structure **34**. In the illustrated embodiment, cover **35** is a form of silicone or other flexible biologically inert substance that is applied, for example, to about 0.4 millimeter thickness. Cover **34** may have one or more overlapped portions at proximal end portion and/or distal end portion **32**. The layers of cover **35** are generally not adhered to each other where overlapped except at adhesive areas **37**. This allows proximal end portion **30** and/or distal end portion **32** to be more pliant which produces transition zones **28** between device **20** and the lumen in which the device is deployed. Such transition zones are believed to minimize spasm as disclosed in commonly assigned U.S. patent application Ser. No. 61/388,857, filed Oct. 1, 2010, the disclosure of which is hereby incorporated herein by reference in its entirety. Transition zone **28** at proximal end portion **30** may additionally include a pattern **68** to mesh **34** that is less dense, or more open, than the pattern of the rest of mesh **34**.

Intraluminal device **20** includes at least one opening **75** in cover **35**. Opening **75** is between end portions **30**, **32** and is provided in order to resist peristaltic waves causing distal migration of the device **20**. Opening **75** provides an area where the mucosa of the lumen can grip device **20** between end portions **30**, **32** by pooching into opening **75**. This provides for capture of the mucosa of the lumen in which device **20** is positioned using the principles set forth in U.S. Patent Application Publication No. 2010/0198237 A1 entitled MUCOSAL CAPTURE FIXATION OF MEDICAL DEVICE, the disclosure of which is hereby incorporated herein by reference. The placement of opening **75** between end portions **30**, **32** further assists in anchoring of the intraluminal device **20** within the lumen. While the principle of operation is not entirely known, it is believed that as the peristaltic wave passes down the lumen, it creates passing areas of increased inward pressure alternating with areas of decreasing pressure. Without opening **75**, it may be possible to have an area of increasing pressure between end portions **30**, **32** with areas of decreasing pressure nearby end portions **30**, **32** thereby not having any portion of device **20** to resist distal migration, even were end portions **30**, **32** to be left uncovered.

In the illustrated embodiment, opening **75** has a width W parallel to the axis A of device **20** that aligns with the direction of movement of the peristaltic wave. Opening **75** forms a pattern that is distributed radially around wall **26**. This is accomplished in the illustrated embodiment by opening **75** being in the form of a band that extends around the wall. However, other shapes are possible as will be described in detail below.

Opening **75** is illustrated as a through-opening that promotes tissue ingrowth around the wires defining structure **34**. Opening **75** may alternatively be configured to regulate the amount of mucosa ingrowth attachment to mesh **34**, such as for ease of removal. This reduces the amount of effort required to remove device **20** from the lumen. One way to regulate mucosa ingrowth is to select width W of opening **75** to be less than a particular width. In the illustrated embodiment, width W is approximately 7.5 millimeters, but other

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dimensions are possible. Alternatively, or additionally, cover **35** may be essentially removed outwardly of mesh **34** at opening **75**, but be present inwardly of mesh **75**. This would allow the mucosa to pooch into opening **75**, but be generally inhibited from growing around the strands of the mesh. However, even if mucosal ingrowth around the strands of the mesh were to occur which occurs when portions of the mucosa grow into each other in a manner that encompasses strands of mesh **34**, which would aid in long term placement of device **20**, techniques are known to remove the ingrowth, such as cautery. Also, a tool such as an endoscope, or the like, can be inserted between wall **26** and the esophagus in order to gently pry the mucosa away from opening **75**.

In the illustrated embodiment, wall **26** is generally cylindrical with respect to axis A and opening **75** is in the shape of an open band that extends substantially entirely around wall **26** generally perpendicular to axis A. However, other shapes will be apparent to the skilled artisan. For example, discrete openings can be arranged in a pattern that extends substantially entirely around wall **26** generally perpendicular to axis A, as will be described in detail below.

In an alternative embodiment, an intraluminal device **120** includes a surface **124** defined by a wall **126** made up of a support structure, such as mesh **134** covered by a cover **135** (FIG. 3). Device **120** includes a plurality of openings that form patterns that extend around the circumference of wall **126** perpendicular to axis A that extends in the direction of movement of the peristaltic wave. These patterns are in the form of open bands **175** between a proximal end portion **130** and distal end portion **132**. Bands **175** extend substantially around wall **126** generally perpendicular to axis A. Each opening **175** has a dimension W perpendicular to axis A that tends to regulate mucosa ingrowth, although other dimensions may be selected. Bands **175** are spaced apart a distance S that are on the order of magnitude of the wavelength of a peristaltic wave. In the illustrated embodiment, distance S is greater than or equal to the wavelength of a peristaltic wave. This ensures that, when an area of decreasing pressure of the lumen wall caused by the peristaltic wave passes over one band **175**, an area of increasing pressure of the lumen wall will concurrently be passing over the other band **175** and vice versa. This ensures that there will typically be an area of increasing pressure acting on a band **175** to anchor the wall even with an area of decreasing pressure acting on the other band as the peristaltic wave passes in order to resist distal migration. In the illustrative embodiment, bands **175** are spaced apart a distance S that is greater than the wavelength of a peristaltic wave. By way of example, if the wavelength of the peristaltic wave is on the order of 1 to 2 centimeters, then distance S is approximately 2 to 3 centimeters or more. Although device **120** is illustrated with two bands **175**, it should be understood that 3 or more bands may be used. Also, other patterns, such as discrete openings may be used.

In one application, intraluminal device **20** is a bariatric device and member **22** is an esophageal member that is configured to generally conform to the shape and size of the distal portion of the esophagus. As disclosed in commonly assigned U.S. Patent Application Publication No. 2007/0293716 A1, the disclosure of which is hereby incorporated herein by reference, such bariatric device stimulates receptors with surface **24** in order to influence a neurohormonal mechanism in the recipient sufficient to cause at least partial satiety by augmenting fullness caused by food and simulating fullness in the absence of food. However, intraluminal device **20** may, alternatively, be an esophageal stent configured to treat strictures, fistulas, and the like, in the esopha-

gus. Intraluminal device **20** may, alternatively, be a colonic stent configured to treat stricture, fistulas, and the like, in the colon. Other applications will be apparent to the skilled artisan including stents configured to ureter, urethra, biliary duct, fallopian tube, vas deferens, and the like.

In another alternative embodiment, an intraluminal device **220** is in the form of a bariatric device having an esophageal member **322** having an esophageal surface **324** defined by an esophageal wall **336** (FIGS. **4** and **5**). Esophageal surface **324** is configured to generally conform to the shape and size of a portion of the esophagus. Esophageal wall **336** has end portions **330**, **332** that are spaced apart along an axis **A** in the direction of elongation of the esophagus, which is the direction of movement of the peristaltic waves. Wall **336** is defined by a support structure in the form of a mesh **334** and a cover **335** over mesh **334**. Cover **335** has at least one opening therein between end portions **330**, **332** in order to resist peristaltic waves causing distal migration of esophageal member **322** in a similar fashion to bands **75** and **175** previously described.

Bariatric device **220** further includes a cardiac member **350** having a cardiac wall **354** defining a cardiac surface **352** that is configured to generally conform to the shape and size of a portion of the cardiac region of the stomach. Cardiac surface **352** and/or esophageal surface **324** are for the purpose of influencing a neurohormonal mechanism in the recipient sufficient to cause at least partial satiety by augmenting fullness caused by food and simulating fullness in the absence of food. Bariatric device **220** further includes a connector **356** connected with esophageal member **322** and cardiac member **350**. Connector **356** passes through the pseudo-sphincter of the gastroesophageal junction in a manner that minimizes interference therewith. Tether devices may be installed in situ between esophageal member **322** and cardiac member **350** opposite connector **356** as disclosed in U.S. Patent Application Publication No. 2010/0030017 A1, the disclosure of which is hereby incorporated herein by reference. Connector **356** may have a radiopaque marker, such as gold thread extending along connector **356** in order to allow connector **356** to be properly positioned during deployment of bariatric device **220**.

In yet a further embodiment, a bariatric device **420** includes an esophageal member **422** having a cylindrically shaped wall **426** that expands to the general size and shape of the esophagus and a cardiac member **450** that expands to the general size and shape of the cardiac region of the stomach (FIGS. **6-9**). Members **422** and **450** are connected with a connector **456** that passes through the GE junction in a manner that does not inhibit operation of the GE junction. Esophageal wall **426** is defined by a support, such as a mesh **434** that is covered by a cover such as a silicone cover **435** that defines a proximal end portion **430** and a distal end portion **432** with respect to propagation of the peristaltic waves. Esophageal wall **426** includes anchoring openings **475** between end portions **430**, **432**. Openings **475** are discrete openings that are arranged around the circumference of wall **426** in two patterns that are separated by distance **S**. As previously described, distance **S** is on the same magnitude as the peristaltic wavelength and is greater than or equal to the wavelength, yet openings **475** are inboard of end portions **430**, **432**. One pattern of openings **475** is illustrated in FIG. **7** in which three (3) openings **475** are spaced generally equidistant radially around the circumference of wall **426**. While three (3) openings are illustrated in each pattern, a greater or lesser number could be used. Also, although openings **475** of each of the two patterns are

generally aligned with each other in the direction of axis **A**, they could also be offset from each other.

In the illustrated embodiment, each opening **475** is made up of four (4) adjacent cells of mesh **434** in the form of a rectilinear polygon, such as a diamond shape. This allows pooching of the mucosa in openings **475** for immediate anchoring of esophageal member **422** and allows tissue ingrowth to occur around the wires interior to each opening **475** for longer term anchoring. In order to expedite tissue ingrowth, techniques may be used to irritate the mucosa to promote the growing together of the bulges pooching around the strands of the mesh. For example, a brush may be inserted endoscopically to the interior of esophageal member **422** to roughen the bulging mucosa. Also, various agents, such as sclerosants, may be applied to the bulging mucosa as described in U.S. Patent Application Publication 2010/0198237 A1. Also, each section of bulging mucosa may be suctioned individually, such as with an endoscope, to create a varix either by applying suction to each opening **475** or by applying suction to the entire esophageal member. A band, such as a rubber band, may be applied around the mucosa, such as from an end of an endoscope, to hold the bariatric device until tissue grows into each opening **475**. At such time, the varix may fall off along with the rubber band and pass through the GI tract. Alternatively, each section of mucosa bulging into an opening **475** may be treated with injection of a bulking agent, such as various forms of injectable collagen, or the like. While the bulking agent will eventually be absorbed in the body, it will enlarge the bulging mucosa sufficiently to allow tissue in growth to occur. Other techniques will be apparent to the skilled artisan.

Connector **456** connects esophageal member **420** and cardiac member **450** in a manner that does not interfere with the operation of the GE junction. In the illustrated embodiment, connector **456** is made up of two or more tension members or struts **456a** and **456b** that are spaced apart roughly equal radial distances between the distal opening of esophageal member **422** and cardiac member **450**. Struts **456a**, **456b** are shown oriented side-to-side in a frontal plane. If oriented in a frontal plane, one strut oriented at the greater curve will be longer in order to allow for the angled orientation of the cardiac member with respect to the esophageal member. Also, the strut **456a**, **456b** that is at the greater curve may be of a more flexible material than the other strut in order to conform to the curvature of the greater curve. Alternatively, the struts may be oriented anterior-posterior in a sagittal plane. If the struts are oriented on a sagittal plane, they may both be of generally the same length. The cardiac member will pivot into proper orientation against the cardiac portion of the stomach because it is free to pivot about the sagittal plane of struts **456a**, **456b**.

In the illustrated embodiment, tension member **456a** is approximately twice the length as tension member **456b**, although dimensions may vary. This produces a tilt between cardiac member **450** and the axis **A** passing through esophageal member **422**, as best seen in FIG. **9**. This allows esophageal member **422** to pull cardiac member **450** via tension members **456a**, **456b** in a manner that applies a pressure against all portions of the cardia surrounding the GE junction notwithstanding the natural tilt of the greater and lesser curves of the stomach. In this manner, cardiac member **450** can apply pressure on the cardiac portion of the stomach solely by the anchoring of esophageal member **422** in the esophagus by openings **475**. This eliminates the need for the use of additional anchoring mechanisms, such as the tethers disclosed in U.S. Patent Application Publication No.

2010/0030017 A1. However, other anchoring mechanisms can be used such as tissue ingrowth characteristics formed in cardiac surface **452** of cardiac member **450**, or the like. In the illustrated embodiment, tension member **456a** is 14 millimeters and tension member **456b** is 7 millimeters. Tension members **456a**, **456b** may be made adjustable in length using the principles disclosed in U.S. Patent Application Publication No. 2010/0030017 A1 in order to titrate the amount of satiety achieved by the recipient as set forth in U.S. Pat. No. 8,100,931, the disclosure of which is hereby incorporated herein by reference.

The recipient may be instructed to avoid solid foods for one or two weeks in order to allow tissue to grow around the mesh wires in openings **75**, **175**, and **475**. If the device does migrate prior to the formation of tissue ingrowth, the recipient is not harmed because the device will reside in the stomach. The doctor can pull the device back into position. Alternatively, the device may be removed and redeployed with a suture looped around the esophageal portion. The suture may be attached such as to a molar of the recipient or a bracket of the type used by orthodontists temporarily fixed to a tooth. Such suture will be well tolerated by the recipient and can be clipped when no longer needed after tissue ingrowth has occurred.

FIG. **10** shows a bariatric device having an esophageal member **422** that has been flattened for better illustration and having no mucosal capture openings.

FIG. **11** shows a bariatric device having an esophageal member **422a** that has been flattened for better illustration and having mucosal capture openings **475a** which are defined by a "Z" pattern defined by adjacent opened cells in the esophageal wall.

FIG. **12** shows a bariatric device having a flattened esophageal member **422b** having mucosal capture openings **475b** that are arranged in a pattern of adjacent diamond shapes, each made up of four (4) open cells in the esophageal wall.

FIG. **13** shows a bariatric device having a flattened esophageal member **422c** having mucosal capture openings **475c** that are diamond shapes, each made up of four (4) adjacent open cells of the mesh, with openings **475c** being arranged in patterns that are spaced apart a distance "S" that is at least on the order of magnitude of the wavelength of the peristaltic wave in the esophagus.

FIG. **14** shows a bariatric device having a flattened esophageal member **422e** having openings **475e**, each in the shape of an "H" made up of three intersecting lines each encompassing three adjacent open cells of the mesh.

FIG. **15** shows a bariatric device having a flattened esophageal member **422f**, having a plurality of openings **475f** each in a shape of an "H" similar to openings **475e**, but arranged in patterns that are spaced apart a distance "S" that is at least on the order of magnitude of the wavelength of the peristaltic wave in the esophagus.

FIG. **16** shows a bariatric device having a flattened esophageal member **422g** having a plurality of openings **475g** each in a shape of an "H" similar to openings **475e** and **475f**, but with the shapes having different orientations with each other.

FIGS. **17**, **18** and **19** show bariatric devices having respective flattened esophageal members **422h**, **422i** and **422j**, each having respective openings **475h**, **475i**, and **475j** in the shape of a cross defined by intersecting lines of three (3) open cells each. However, the openings are arranged differently in each esophageal member. Other opening shapes and arrangements will be apparent to the skilled artisan.

The esophageal member **520**, shown in FIG. **20**, is made up of sections **520a**, **520b**, **520c** that are joined together with flexible struts **456**. Each section **520a**, **520b**, **520c** has an opening **175** so that openings **175** are spaced apart a distance S that is at least an order of magnitude of an esophageal peristaltic wavelength. In this manner, at least one opening **175** will be firmly engaged by the esophagus as the peristaltic wave passes. While illustrated as connected by separated struts **556**, the sections could be joined by a common cover, but just be made up of separate mesh sections, which could themselves be made up of Nitinol wire mesh, stainless steel or polymers. Also, esophageal member **520** is shown with two struts **556a**, **556b** that connect member **520** with a cardiac member (not shown in FIG. **20**). However, it should be understood that each section **520a**, **520b** and **520c** may individually be connected by struts to the cardiac member so that there is always tension applied to the cardiac member as the esophageal peristaltic wave passes.

FIGS. **21-26** show a variety of flattened esophageal members **422K**, **422M**, **422O**, **422Q**, **422S** and **422T**, each with some form of opening **475L**, **476N**, **475P**, **475R**, and **475T** that provide openings which expose at least a portion of the mesh on one cover surface for mucosal capture and ingrowth about the wires of the mesh. At least some of the flattened esophageal members have openings **475K**, **475M**, **475O**, **475Q** and **475S**, which do not get traversed by a mesh section and are intended primarily for mucosa capture. The openings **475K**, **475M**, **475O**, **475Q** and **475S** are large enough that a larger portion of the mucosa may be captured therein for temporary fixation until tissue ingrowth occurs in all of the openings and may be aided by suction, injection by a collagen filler to make the mucosa larger in diameter, or the like.

While the foregoing description describes several embodiments of the present invention, it will be understood by those skilled in the art that variations and modifications to these embodiments may be made without departing from the spirit and scope of the invention, as defined in the claims below. The present invention encompasses all combinations of various embodiments or aspects of the invention described herein. It is understood that any and all embodiments of the present invention may be taken in conjunction with any other embodiment to describe additional embodiments of the present invention. Furthermore, any elements of an embodiment may be combined with any and all other elements of any of the embodiments to describe additional embodiments.

The invention claimed is:

1. An intraluminal device adapted to be deployed in a lumen that is subject to peristaltic waves, the intraluminal device comprising:

an esophageal member with an esophageal surface defined by an esophageal wall, said esophageal surface being configured to generally conform to the shape and size of a portion of the esophagus;

a cardiac member having a cardiac wall defining a cardiac surface that is configured to generally conform to the shape and size of a portion of the cardiac region of the stomach;

a connector connected with said esophageal member and said cardiac member;

wherein said esophageal wall is defined by a mesh and a cover over said mesh, wherein said esophageal wall having at least one opening therein between end portions thereof, said at least one opening defined in said cover exposing said mesh in said at least one opening; and

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temporary fixation that is adapted to fixing said intraluminal device in the lumen until tissue ingrowth occurs to said mesh in said at least one opening.

2. The intraluminal device as claimed in claim 1, wherein said temporary fixation comprises a suture attached to the recipient to at least temporarily resist distal migration of said wall.

3. The intraluminal device as claimed in claim 1, wherein said connector comprises at least two spaced apart elongated members that are configured to pass through the GE junction and not inhibit operation of the GE junction.

4. The intraluminal device as claimed in claim 1, wherein said at least one opening comprises at least two openings that are on opposite sides of said esophageal wall from each other.

5. The intraluminal device as claimed in claim 4, wherein said at least one opening comprises at least four openings that are offset from each other both axially around said esophageal wall and two of said openings offset along an axis of elongation of the esophageal wall from the other two of said openings.

6. The intraluminal device as claimed in claim 5, wherein said mesh is comprises a wire mesh having a plurality of intersecting mesh portions thereby defining a plurality of rectilinear polygons, a plurality of adjacent ones of said polygons exposed in said at least one opening.

7. The intraluminal device as claimed in claim 6, wherein said plurality of adjacent ones of said polygons comprising at least seven of said polygons.

8. The intraluminal device as claimed in claim 6, wherein said plurality of adjacent ones of said polygons comprises more than seven of said polygons.

9. The intraluminal device as claimed in claim 1, wherein said mesh comprises a wire mesh having a plurality of intersecting mesh portions thereby defining a plurality of rectilinear polygons, a plurality of adjacent ones of said polygons exposed in said at least one opening.

10. The intraluminal device as claimed in claim 9, wherein said plurality of adjacent ones of said polygons comprising at least seven of said polygons.

11. The intraluminal device as claimed in claim 9, wherein said plurality of adjacent ones of said polygons comprises more than seven of said polygons.

12. A method of fixation of an intraluminal device deployed in a lumen that is subject to peristaltic waves, the intraluminal device having an esophageal member with an esophageal surface defined by an esophageal wall, said esophageal surface being configured to generally conform to the shape and size of a portion of the esophagus, a cardiac member having a cardiac wall defining a cardiac surface that is configured to generally conform to the shape and size of a portion of the cardiac region of the stomach and a connector connected with said esophageal member and said cardiac member, said method comprising:

said esophageal wall being defined by a mesh and a cover over said mesh, wherein said esophageal wall having at least one opening therein between end portions thereof, said at least one opening defined in said cover exposing said mesh at said at least one opening; and

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temporarily fixing said esophageal wall in the lumen thereby resisting distal migration of said wall while tissue ingrowth occurs to said mesh in said at least one opening.

13. The method as claimed in claim 12, wherein said temporarily fixing comprises attaching the intraluminal device to the recipient with a suture to at least temporarily resist distal migration of said intraluminal device.

14. The method as claimed in claim 12 including irritating the lumen at said mesh at said at least one opening in order to expedited tissue ingrowth.

15. The method as claimed in claim 14, wherein said irritating the lumen at said mesh at said at least one opening comprises applying suction to said at least one opening.

16. The method as claimed in claim 14, wherein said irritating the lumen comprises applying suction to the entire esophageal member.

17. The method as claimed in claim 14, wherein said irritating the lumen comprises applying an irritating agent to the lumen at said at least one opening.

18. The method as claimed in claim 17, wherein said agent comprises a sclerosant.

19. The method as claimed in claim 12, wherein said connector comprises at least two spaced apart elongated members and pass in the connector through the GE junction.

20. The method as claimed in claim 12, wherein said at least one opening comprises at least two openings that are on opposite sides of said esophageal wall from each other.

21. The method as claimed in claim 20, wherein said at least one opening comprises at least four openings that are offset from each other both axially around said esophageal wall and two of said openings offset along an axis of elongation of the esophageal wall from the other two of said openings.

22. The method as claimed in claim 20, wherein said mesh is comprises a wire mesh having a plurality of intersecting mesh portions thereby defining a plurality of rectilinear polygons, a plurality of adjacent ones of said polygons exposed in said at least one opening.

23. The method as claimed in claim 22, wherein said plurality of adjacent ones of said polygons comprising at least seven of said polygons.

24. The method as claimed in claim 22, wherein said plurality of adjacent ones of said polygons comprises more than seven of said polygons.

25. The method as claimed in claim 12, wherein said mesh is comprises a wire mesh having a plurality of intersecting mesh portions thereby defining a plurality of rectilinear polygons, a plurality of adjacent ones of said polygons exposed in said at least one opening.

26. The method as claimed in claim 25, wherein said plurality of adjacent ones of said polygons comprising at least seven of said polygons.

27. The method as claimed in claim 25, wherein said plurality of adjacent ones of said polygons comprises more than seven of said polygons.

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